5 64

letely filled in by the funeral director, page 3 algorithms for the filed within 72 hours after death

STATE	OF	MARYLAND
217412	•	III MILL C BESTELLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	
	REG	NO

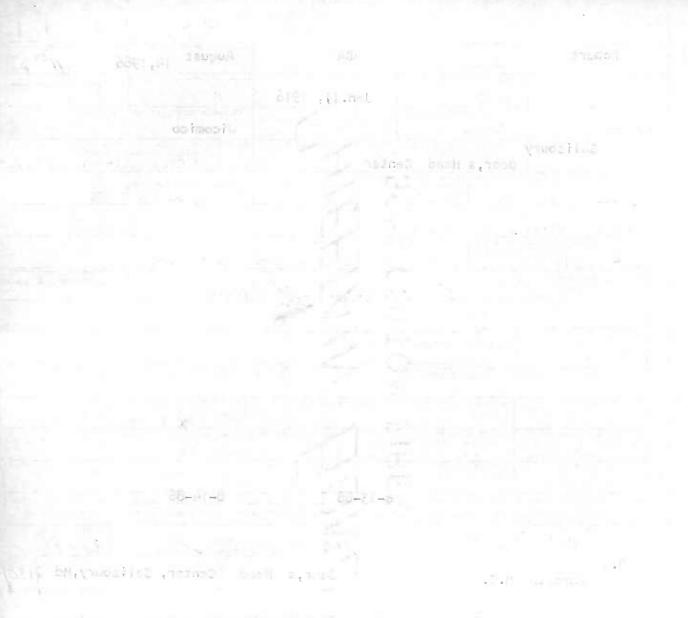
1.	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	SIENE 8 6	2	4 1	111
1. DE	CEASED NAME FIRST	Johr	MIDDLE		ADA	August	14,1986		2b. HOUR
3. SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
	Male	White	2	MONT	an. 13, 1916	70	YRS.	DATS	HOURS MIN.
Ne	RTHPLACE ISTATE OR FOREIGN COUNTRY)	U.S.A		WIDOWE		9 BALTIMORE CITY 9		OF DEATH	MD.
	TY OR TOWN SAFF Sbur	Deer,	S Head Co	address) enter	OR OTHER INSTITUTION	17e USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired Ci	OF WORKING LIFE	INDUSTRY	
USU.	AL RESIDENCE (IF NURSING HOME STATE		136. CITY OR TOW		1136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		
Ma	rvland Wic	omico	Fruitlan		YES NO	110 Stator		1826	
	THER'S NAME FRST Will	WIDDLE	Ada		15. MOTHER'S MAIDEN NA FIRST Martha			rgison	
16a. V	VAS DECEASED EVER IN U.S. A			RITY NO.	17 INFORMANT	ADDR		-0	
Ye		orea	109-05-6	102	Julia Hearne	Ada. see s	sec 13		KIMATE INTERVAL
NOU	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(ic) _		DEATH BUT					
CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY? YES □ NO♥	20b. IF YES, IN CERTIFY YES		NGS USED S OF DEATH? NO []
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAU	EATH HOUR A	OF INJURY A.M. MONTH DA P.M. OF INJURY	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT I OR PART 2)	
MEG	AT WORK AT WORK		TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR T		COUNTY	STATE
	22a I certify that (I) (this has saw the deceased alive a abave, (I) (we) (did) (did	ın	19		nd that in (my) (aur) apinian	, ta 8-14-86 death accurred on the c		and from the	
	22b. SIGNATURE	Shiest	tia		MA ATTENDING PHYSICIAN	MEDICAL STA		8./9	1.86
	224 Poyskian'S NAME (TYPE Shrest				Deer,s He	ad Center	r, Sali	sbury,	Md 21801
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial				CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	M:	COUNTY	STATE
B B	abent bounds	- 80	listang	Sust	Memorial PAr 250 DAI 2 2 18 9AUG 1	EKL Salisbur ERECD BY REGISTRAL		Yland PAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DRECTOR, After this certificate has been signed by the attending physicion and c should be described for use as the buriof-transit permit. Then please remove carbon pages. Pages with the State Dept. of Health and Mental Hygiens prior to buries, cremation, or removal.

IMPORTANT, if them 21 is marked or them 38 shows any injury, or ather traumatic event, the



0110		REGISTRAR				ICATE OF DEATH	REG. NO.			
			IRST	MIDDLE	t	AST	20 DATE OF DEATH MO	ONTH DAY	YEAR 21	b. HOUR
oge 3	(11PE	OR PRINT)	nest		/	Ames	Acc. 15	-, 198	6/	:JOA
od	3. SE)		4. RA	CE	5. DATE C		6 AGE (IN YEARS LAST BIRTHE		R 1 YEAR IF	F UNDER 24 HR
soft		Male	B1	ack	100NTH	- 30" - 34	51	YRS.	DAYS	HOURS MI
61 OF	Va. Bil	THPLACE (STATE OF FORE)	IGN 76. CI	TIZEN OF WHAT COUNTRY	(? 8.	DEVER MARRIED	9. BALTIMORE CITY OR		ATH	
0000		Viroinsia	1	USA	WIDOWE		Wicomico			
1 17	0. C1	Y OR TOWN OF BEATH		AME OF HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b.	KIND OF B	BUSINESS C
1180	-	alisbury		r not in such facility, give stre eninsula Gene		spital	Shipping	Dept.	Poul	try
11/1	JSUA 13a S	L RESIDENCE (IF NURSING I	COUNTY	INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2	IP CODE	00	nan
11111		Va A	CCOMA	ck Painte	r	YES NO	13. STREET ADDRESS / Z	ox 525	77	797
211	14 FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA				
P / /		Horald Am	les	LASI		Annie	Bundick		LAST	
P # 9 /		AS DECEASED EVER IN L	U.S. ARMED F			17 INFORMANT	ADDRESS			
P C	(1	no (II	F 1ES, GIVE WAR	230=42	-5502	Shirley A	mes - Bx.	525 P	aint	er,
pers.			nter only one	cause per line far (a), (b), c	and (c).)			1 - 7	APPROXIMA BETWEEN ONS	TE INTERVAL
phy mov ent		PART I. DEATH WAS	CAUSED BY:			reinora	Unkapwa			0 1 K
r re		1770				0.	Orknown Origin			
mo, n				DUE TO, OR AS A CONSEO	UENCE OF	Primar.	7 0.5.0			
opto opto		Conditions, if any, who gave rise to immedi		(p)						
the rem em		cause (a), stating		UE TO, OR AS A CONSEO	UENCE OF					
by Ose Oth		underlying couse I	last.	(6)						
Ined n ple suria y, or		PART 2. OTHER SIGNIFIC	CANT COND	ITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CONDIT	ION GIVEN IN	PART 110	
Ther Ther To b	CERTIFICATION									
ony prior	AT	190. DATE OF OPERATION	N 1	9b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		Ob. IF YES, WER		
hos per sue p	E						YES TI NOTS	N CERTIFYING		NO
sicio nsit sho	2							YES		
	W.	71a. ACCIDENT WAS UNDERLY	YING 7	16. TIME OF INJURY		21c. HOW INJURY OCCUR	9,74	YES		
ifico troca of Hy	-	710. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS		IB. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	9,74			
ng physici certificate rrial-transi ental Hyg frem 18 sh	-	OR CONTRIBUTING CAUS	SE OF DEATH	HOUR A.M. MONTH P.M.	DAY YEAR		9,74			
or H	-	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED	SE OF DEATH EXAMINER)	P.M. 1e. PLACE OF INJURY	19	216. HOW INJURY OCCUR!	9,74	N ITEM TB PART TOR		STATE
or th	MEDICAL CEI	OR CONTRIBUTING CAUS	SE OF DEATH EXAMINER)	HOUR A.M. MONTH P.M.	19	21f. LOCATION	RED (ENTER NATURE OF INJURY I	N ITEM TB PART TOR	PART 2)	STATE
ar arrenancy pay, 3. After this certifice se as the buriol-tro ealth and Mental H marked or Item 18	-	OR CONTRIBUTING CAUS (IF EITHER, NOT IFY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	SE OF DEATH EXAMINER) 2	HOUR A.M. MONTH P.M. 1e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE Itended the deceased from	19 E. FARM, ETC)	71f. LOCATION STREET	CITY OF TOWN	NITEM TB PART TOR	DUNTY tho	at (l) (we) l
or If	-	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (the saw the deceased of	SE OF DEATH EXAMINER) 2 (be hospital) at	HOUR A.M. MONTH P.M. Ie. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE Itended the deceased from	19 E. FARM, ETC)	71f. LOCATION STREET	CITY OF TOWN	NITEM TB PART TOR	DUNTY tho	at (l) (we)
or H	-	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this saw the deceased o above, (1) (me) (did)	SE OF DEATH EXAMINER) 2 (be hospital) at	HOUR A.M. MONTH P.M. 1e. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE Itended the deceased from	19 E, FARM, ETC)	71f. LOCATION STREET 19 4 opinion of that in (my) (see) apinion	CITY OF TOWN	CO	PART 2)	at (I) (we) I uses stated
or H	-	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (the saw the deceased of	SE OF DEATH EXAMINER) 2 (be hospital) at	HOUR A.M. MONTH P.M. Ie. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE Itended the deceased from	E, FARM, ETC.)	21f. LOCATION STREET , 19 and that in (my) (***) opinion . DEGREE	CITY OR TOWN to 4.09. death accurred on the date	CO	DUNTY tho	at (I) (we) I uses stated
he haspital or attending DIRECTOR, After this or acched for use as the bur Dept. of Health and Me If them 21 is marked or th	-	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this saw the deceased o above, (1) (me) (did)	SE OF DEATH EXAMINER) 2 (be hospital) at	HOUR A.M. MONTH P.M. Ie. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE Itended the deceased from	E, FARM, ETC.)	21f. LOCATION STREET , 19 and that in (my) (***) opinion . DEGREE	CITY OF TOWN	CO	PART 2)	at (I) (we) I uses stated
by the hospital or attending VERAL DIRECTOR: After this or be detached for use as the bur 5 State Dept. of Health and Me ANT. If them 21 is marked or It	-	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE 11d. INJURY OCCURRED WHILE NOT WHILE AT WORK 17a. I certify that (I) (the saw the deceased of above, (I) (me) (did)	SE OF DEATH EXAMINER) 2 (be hospital) at	HOUR A.M. MONTH P.M. Ie. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE Itended the deceased from April 19 In body after death.	E, FARM, ETC.)	21f. LOCATION STREET 19 10 10 10 10 10 10 10 10 10	CITY OR TOWN to	CO	DUNTY the ram the cau	uses stated GNED
by the hospital or attending VERAL DIRECTOR: After this or be detached for use as the bur 5 State Dept. of Health and Me ANT. If them 21 is marked or It	-	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22d. I certify that (1) (the saw the deceased of above, (1) (the) (did)	SE OF DEATH EXAMINER) 2 (b hospital) at alive an (did not) view	HOUR A.M. MONTH P.M. Ie. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE Itended the deceased from April 19 In body after death.	E, FARM, ETC.)	21f. LOCATION STREET 19 10 10 10 10 10 10 10 10 10	CITY OR TOWN to	CO	DUNTY the ram the cau	or (I) (we) I uses stated
etained by the haspital ar attending TO FUNERAL DIRECTOR: After this or hould be detached for use as the bur with the State Dept. of Health and MeMORTANT: If them 21 is marked or it	MEDICAL	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (I) (the saw the deceased a abave, (I) (we) (did) 22d PHYSI S NAME	SE OF DEATH EXAMINER) 2 (is hospital) at only view (IVPE OR PRINT	HOUR A.M. MONTH P.M. Ie. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE Itended the deceased from April In the body after death.	19 E. FARM, ETC)	21f. LOCATION STREET 19 96 and that in (my) (eve) opinion DEGREE PHYSICIAN D 22e ADDRESS 1300 5.2	CITY OR TOWN to	CO	DUNTY the ram the cau	or (I) (we) louses stated GNED
etained by the haspital ar attending TO FUNERAL DIRECTOR: After this chould be detached for use as the bur with the State Dept. of Health and MeMORTANT: If them 21 is marked or it	WEDICAL WEDICAL	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22d. I certify that (1) (the saw the deceased of above, (1) (the) (did)	SE OF DEATH EXAMINER) (In hospital) all blive an (And not) view (TYPE OR PRINT	HOUR A.M. MONTH P.M. Ie. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE Itended the deceased from April In the body after death.	19 E. FARM, ETC) BG, OI	21f. LOCATION STREET 19 10 10 10 10 10 10 10 10 10	CITY OR TOWN to	CO	DUNTY the calc DATE SIGN	or (I) (we) li uses stated GNED

Keith E. G. Whaten Accomate, Va. 23301

1 - FOR STATE REGISTRAR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

fune wantoon pondates

1					STATE OF MARYLAND			
BO-16	001	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	2 4	1 3
			CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	26 HOUR
pe pe	o o o	LIAME	Tankard	I ofourtto	Ranks.	August	7 1981	2315 M
yo E	er deot	3. SE		1. RACE	5. DATE OF BIRTH	6. AGE (MYEARS LAST BIRT		IF UNDER 24 HRS
90 4	urs of		male	White	12-16-1914	71	YRS.	HOURS MIN.
oth. P	72 hor	7d: BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED REVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF WICOMICO	COUNTY OF DEATH	446
o b	Part Part	10. C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
10 s of		S	alisbury	Peninsula Gene		11ce State	1 2	rarl
NND 2120	onle be	USU.	STATE A SUMOUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV		13e.STREET ADDRESS	Ca	23416
	100 miles	14. FA	THER'S NAME	WIDDLE	15. MOTHER'S MAIDEN NA	AME MIDDLE	C LAS	ST
X Y	0 - 5 -	1/- 1	vas deceased ever in u.s. ar	MED FORCES? 166, SOCIAL SEC	NKS A Ver 1	ADDRE	1Sou	nds
BALTIMORE,	Poges medical			214-12-	6545 Mrs. Alma	Banles	Odle No	30 1/2
BALT ote b	pers.		18 CAUSE OF DEATH (Enter on	lly one couse per line for (a) (b), or	nd (c).)		APPROX BETWEEN	ONSET AND DEATH
_ # t	on po emo even		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	in Cancer			
N 5	carbinotic or r	8	-S2134 J	DUE TO, OR AS A CONSEQU	ENCE OF			
deo	offe nave stian raum		Conditions, if ony, which gove rise to immediate	(b)			12.13	
W. PRESTON ST	cremit cremit ther t		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF			
201 es tho	pleas rial,			(c)				
duire	hen I fhen I to bu	No	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER!	MINAL DISEASE OR CONL	OTTON GIVEN IN PART TO	0'
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir	mit.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDI	
he lo	Se se se	TEK				YES NO	IN CERTIFYING CAUSES YES	NO [
SION OF VITA PHYSICIAN: T ending physici	Cofw		210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
N OF VI	buriol-tr Mental	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	AIII	19			
SION PHYS endin	d Me d Ar	1ED!	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION STREET	CITY OR TO	AN COUNTA	STATE
5 5 5	tter as th h on arked	2	AT WORK NOT WHILE AT WORK		2/4	, ,	12 61	
	use of tealth			tal) attended the deceased from.	19 -	, to	19 6 -	that (I) (we) last
ATTE	of the		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body ofter death.	ond that in (my) (our) opinion	death occurred on the do	te and hour and from the	couses stoted
e ho	DIRE Ichec Dept Filter		221 STGMATURE	100	DEGREE ATTENDING	AMEDICAL STAF	22c. DATE	SIGNED
TAT Y	deto deto		Adre Z.	600	PHYSICIAN	DIRECTOR PHYSIC		8-06
HOSPI	should be det with the State		22d. PHYSICIAN'S NAME (TYPE C	- / // 22	22e ADDRESS	, S. Di	ision 5	7
O HOSPITA	should be a with the Sta		NOVIA 2.	Coual, No	Solisi	busy , N	113 21801	
		23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 8-10-1986 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	1.0. Acoust	Adm. A
BP_	30	24 F	UNERAL DIRECTOR	18-10-1708	buning Cemeler	NE RECED PROPERTY AND	Hall Market	A CE
DHMH	16 60M 7/B4		NAME MILLING	tot books	e rat from a AU	0 10 1900		

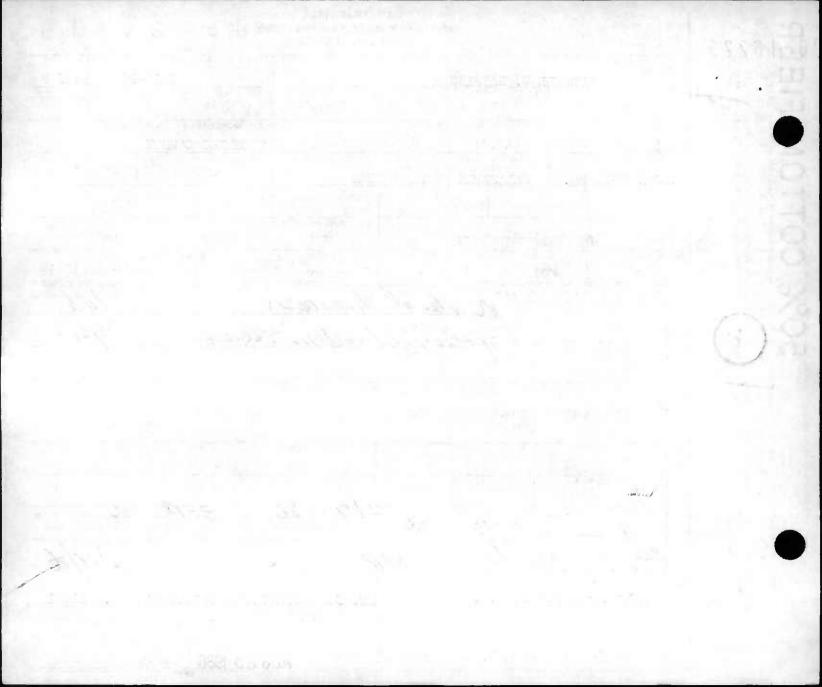
AC And an address of

the way had a short or a second of the second of

and the second of the second o

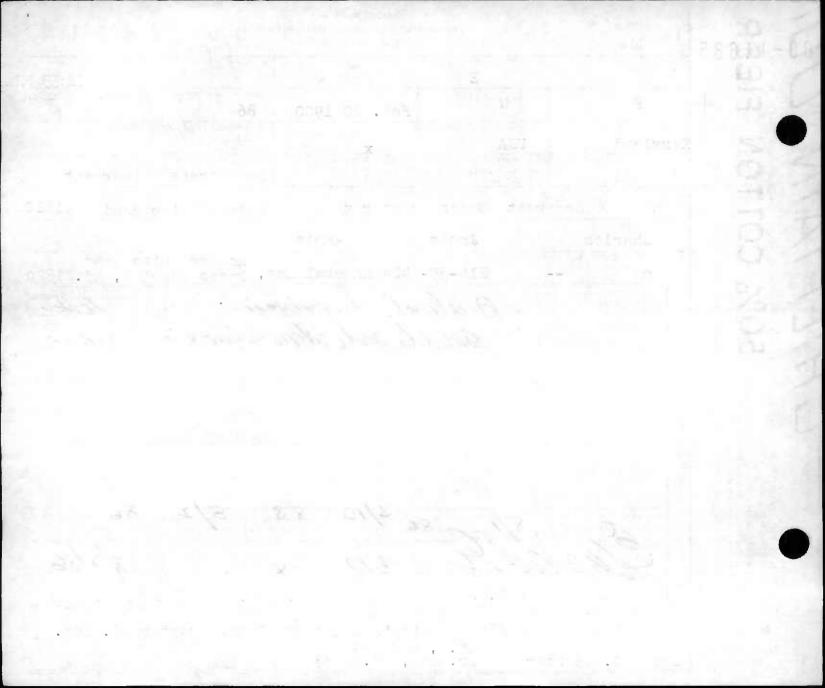
16225	1-	FOR STATE REGISTRAR			DEP		FHEALTH AND I		9 (EG. NO.	241	4	1
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR	
poge 3			SSELI	V. BA	YSINGE	R					-18-86	9:45 P	M
eció po	3. SE	Male	4.	RACE Whi	te		E OF BIRTH	1895	6 AGE (IN YEARS		MONTHS DAYS		N.
nerol dir n 72 hou	(RTHPLACE STATE OR FOIL COUNTRY)	REIGN 78	U.S.		MARI	RIED NEVER A	AARRIED	9 BALTIMORE	_	NTY OF DEATH		MD.
s offer d	SALISBURY, MD.				HOSPITAL, NUTHER REPORT OF THE STATE OF THE	JRSING HOM STREET ADDRESS)	E OR OTHER INST	TUTION	12a USUAL OCC (TYPE OF WORK FOR Owner-			of Business of Sales	OR
24 hour	USU/ 13a S	AL RESIDENCE (IF NURSIN		THER INSTITUTION Y MICO	Salisbu		13d. INSIDE C	ITY LIMITS?	13e.STREET ADD	RESS / ZIP (CODE 2180	21801	
od shin		rank Wh	aylan	d Bays	inger tasi	1		MAIDEN NA	Alí	DDIE C	Haun	AST	
n and co		VAS DECEASED EVER IN YES NO OR UNKNOWN) YES		ED FORCES?		SECURITY NO.	3Buck	Mrs. A	Alda B. El Court-Sali	118ft (E sbury,	Daughter) Maryland	21801	
physicio poppers movel event, the		18 CAUSE OF DEATH PART I, DEATH WA		one couse per BY: CAUSE (o)	line for 101, (b)	end ic	Thro.	s bost	ર્ડ			DIMATE INTERVAL	н
day he other changes of the changes		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF CLUBIC CONSEQUENCE OF CONSEQU								4	ns-		
ow requires to be sign than then to brior to bur, any injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BI 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERAT							200 AUTOPS	² 20b. I	N GIVEN IN PART IF YES, WERE FIND ERTIFYING CAUSI	INGS USED	
N: The laysicion.	CERTIFI	210. ACCIDENT WAS UNDER		21b. TIME O	F INJURY M. MONTH	DAY YE	21c. HOW IN	JURY OCCUR			YES	NO 🗆	
SECIA ng ph certif riol-t entol	CAL	OR CONTRIBUTING CA	L EXAMINER)		M.	1			•			1 11	
offending ter this is the bund M h and M riked or	MEDICAL	216 INJURY OCCURRE		21e. PLACE	OF INJURY REET, FACTORY, OF	FFICE, FARM ETC)	21f. LOCATIO	ON ON	ÇI	TY OR TOWN	COUNTY	STATE	
TTENDIR pritol or TTOR: Air for use of Health		22a.l certify that (I) (t sow the deceased	olive on_	i) oftended the	18	om_ 19.86	and that in (my)	, 19_06 (our) opinion	death occurred or	the date and	d hour and from th	e couses stated	ost
PITAL OK A L by the hoss NEFAL DIREC Sefoched Sefoched TANT: If them	1	276 PHYSICIAN'S NAN	He	usl	8	r	DEGREE 22e ADDRES		MEDICAL DIRECTOR	STAFF PHYSICIAN [1	19/86	,
Noned by the Sund be suited by the Sund be suited by the Sunda by the		EARL M. BI	EARDS	LEY, M.	D.		RT. 50	& CTV	IC AVE.	SALISBI	URY. MD.	21801	
BP	23o. B	URIAL, CREMATION, RE	MOVAL	23b. DATE 8/22/	1986	23c NAME O Wicom	ico Memo	REMATORY	23d. LOCATIO	N	Wicomico,		== ınd
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR Solitor Fun	eral H	dome, F	P.A., 36	ilisbury	, Marylar		IG 25 19		GISTRAR'S SIGNA		_

STATE OF MARYLAND



1 4 0 2 5	1.	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	0	EG. NO.	4 1	1 5
14000	1. DE	CEASED NAME	FIRST		MIDDLE	t.	AST	20 DATE OF DE		DAY YEAR	26 HOUR
24		E OR PRINT)	MARY		E	BEDG	WORTH		8	2 86	12:55 M
0.0	1.58		LILITET	4. RACE		5. DATE C		6 AGE (IN YEARS		IF UNDER I YEA	
0.5	1	F		W			. 20 1900	86		MONTHS DAYS	
do dino	120.0	IRTHPLACE (STATE C	2000000	The CATAGONIC	F WHAT COUNTRY		. 20 1900	9. BALTIMORE	YRS		
10 35	Tru. b	country)	OK FOREIGN			MARRIE	NEVER MARRIED			II OF DEATH	
100	-			USA		WIDOWE		WICOMI			MD
100		ITY OR TOWN OF D LISBURY	EATH	SALIS	BURY NURS	ING HOME CO	R OTHER INSTITUTION ME	120 USUAL OCC (TYPE OF WORK FOR SEAMS	MOST OF WORKING	IZE KIND INDUSTRY BATI	of Business OR
112	HSU Ulus	AL RESIDENCE (IF NO	IRSING HOME OR 13b, COUN SOME	OTHER INSTITUTION	DAMES	W/N	13d. INSIDE CITY LIMITS?	Hod son	RESS / ZIP CO	e Road	21820
10	A.F.	ATHER'S NAME Charle	s	MIDDLE	Jones		Annie	ME	DDIE		AST
8-16-	16n	WAS DECEASED EVI		MED FORCES		URITY NO	17 INFORMANT	Hodi	ADDRESS 710 4	te Roa	- 4
Page 1		YES, NO OR UNKNOWN)		E WAR OR DATES)				t, Dame	s Quar	rter, I	Md.21820
opper sol.		PART I. DEATH	ATH (Enter an	ly one cause p	per line for (a), (b)	md (ci.)	111 . 1	-		BETWEE	XIMATE INTERVAL N ONSET AND DEATH
40.00		PARTI, DEATH		E CAUSE (a)	POICE	Lel	Thrown	8//		-	cike
and	1	E1088		DUE TO	OF AS ALCONSEC	IENCE PEZ	1 1	. 1			
Sec of the company of	1	Conditions, if a	av. which	1	Duel	alra	ed rolly	Sole	oxo	4	ns/
0 554 5		gave rise to i	mmediote)	70000	0				1	
4 1 1 1		cause (o), sta underlying cou		DUE TO	OR AS A CONSEQU	UENCE OF					
p 0 0 0				(c)							
Then significant to bo	Z	PART 2 OTHER SI	GNIFICANT (CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE O	CONDITION	GIVEN IN PART	la
11117	CERTIFICATION	190. DATE OF OPER	RATION	19b. CON	IDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPS	? 20b. IF Y	ES, WERE FIND	INGS USED
1 241 11	F	1202						YES TO NO	etter.	TIFYING CAUSE	S OF DEATH?
the short	1 2	21g. ACCIDENT WAS I	INDERLYING [21b. TIME	OF INJURY		21c HOW INJURY OCCUR				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR	A.M. MONTH						
Amend Amend	MEDICAL	21d. INJURY OCCU			P.M.	19	211. LOCATION				
the state of	WEE		MHITE	(AT HOME	E OF INJURY STREET, FACTORY, OFFICE	FARM, ETC)	STREET	CI	YORTOWN	COUNTY	STATE
8 1 1 B	13	WHEE NOT	VORK				100		1	8/	
2 0 0 E		200	THE RESERVE OF THE PARTY OF THE	tall attended	the deceased fram	3	10 1980		12	, 1906	, that (I) (we) last
2 9 5 5		sow the second	used alive an	Cylw thy bo		6 , or	d that in (my) (our) opinian	deoth occurred of	the dote and h	our and from th	e causes stated
DiREC DiREC Dept		276 SHESINFURE	/	1	11/		DEGREE			22c. DAI	SIGNED
	1	14/	1/	P110	4	1	ATTENDING	MEDICAL	STAFF	8	2/91
4 4 5 5 Z	-	224 PHYSICIAN'S	ASIL	w,	1		PHYSICIAN V	DIRECTOR	HYSICIAN [9.	100.
D P P P P	1		Part of the second								
or now had by the round by the round by the round be detained by the State with the State with the State in t		EARL M.	BEARD	SLEY, I	M.D.		CIVIC AVE.	& RT. 50	,SALISB	URY, MD	.21801
18 18 8	230	BURIAL, CREMATION	N, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO			
BP		Burial		8/5/	'86 W	hite!	s Cemetery			er Md.	Som
186	24 F	UNERAL DIRECTOR		1-121				E REC'D. BY REGI			
HMH - 16 60M 7/84		NAME	Wohat	- 022	Dr Abores	DUX.	354 a.21853 AUI	0			
(VRA 15, 4)	1	eroy G.	MEDSI	AGT.	FI An	TIC . M	T. ((())	5 7 198	Juna L	avidson	and M.

STATE OF MARYLAND



PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STAIR my) (port apinian death occurred on the date and hour and I am the causes stated 22c. DATE SIGNED 8/16/1986 100 Power Street, Salisbury, Maryland 21801 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Salisbury, Wicomico, Maryland Burial 8/20/1986 Parsons Cemetery 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland Filia Devidon Bandelle

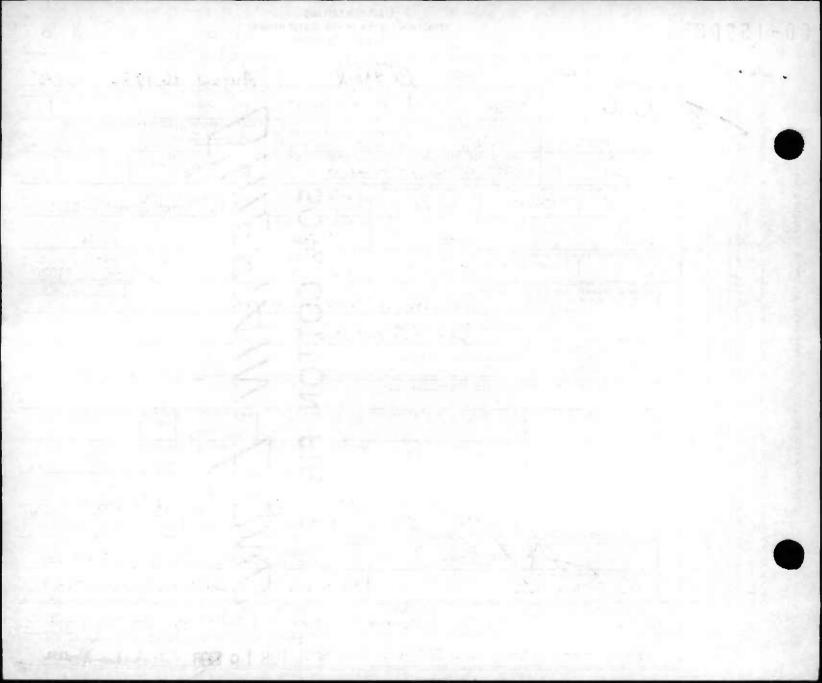
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21830

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

4

460		STATE REGISTRAR	FIRST		MIDDLE	CERTIF	EALTH AND MENTAL HY	O	REG. NO.	DAY	YEAR	
		EASED NAME OR PRINT! ANN		M.		BIRCK	nead	8-	-9-86	1,2		9 P
5	SEX	FEMALE		4. RACE NEGRO		5. DATE C MONTH		6. AGE (III	84	MONTHS	DAYS	HOURS
33	C	THPLACE (STATE OR F	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED D	9. BALTIM	ORECITY OR CO		EATH	
型へ		Y OR TOWN OF DEA	ATH	11. NAME OF I		NG HOME C	PROTHER INSTITUTION	(TYPE OF WO	L OCCUPATION ORK FOR MOST OF WORK MESTIC		KIND OF	BUSINE
100		L RESIDENCE HE NURS	13b COU	OTHER INSTITUTION		RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS / ZIP			801
(1)		THER'S NAME FIRST		WIDDIE	DASHIE	LL	15. MOTHER'S MAIDEN NA		WIDDLE		JC	NES
medico N	6a. W 10 (Y	AS DECEASED EVER S. NOOR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	218-16-	9707	MINTA ANN B.	WIGGI	ADDRESS S.	AME		
remotion, or removol. her troumotic event, the		18. CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stotin	MAS CAUSE IMMEDIA , which mediate ng the	TE CAUSE (o) DUE TO, (b)	RASA CONSEQUERASA	JENCE COL	d Antoniose	Coi	Jent Vasculo	n Disa a	APPROXIVE SETWEEN C	
ony injury, or other troumotic	TIFICATION	Conditions, if ony, gove rise to imrcouse (o), stofir underlying couse	, which mediate last.	DBY: TE CAUSE (o) DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	Carely RAS A CONSEQUE RASIA CONSEQUE ONTRIBUTING TO OCC. L	JENCE OF DEATH BUT	oculor a Antonosc NOT RELATED TO THE TER. Diobetes N WAS PERFORMED	MINAL DISEA Well 200 AU YES T	TOPSY? 20b.	n Disa a	PART 1100 RE FINDIN	ye. Ye. GS USED OF DEAT
X	~	Conditions, if ony, gove rise to improve (o), stotic underlying couse PART 2. OTHER SIGNATION OF CONTRIBUTING	AS CAUSE IMMEDIA , which mediate ing the last. VIFICANT CAUSE OF DE CAUSE OF D	DBY: TE CAUSE (o) DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND ATH R) P.	RAS A CONSEQUENCE OF INJURY M. MONTH D M.	DEATH BUT	NOT RELATED TO THE TER. Di clustes N WAS PERFORMED 1216. HOW INJURY OCCUI	Meld 200 AU YES [TOPSY? 20b.	N GIVEN IN G	PART I TO THE FINDIN CAUSES	ye. GS USED
or Item, to store, on other troumons	CAL	Conditions, if ony, gove rise to improve (o), stolic underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING	AS CAUSE IMMEDIA , which mediate ing the last. NIFICANT CAUSE OF DE CAUSE OF D	DUE TO, O DUE TO, O CONDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE	RAS A CONSEQUENCE OF INJURY M. MONTH D M.	DENCE OF DEATH BUT HOPERATIO DAY YEAR 19	NOT RELATED TO THE TER Dichetes N WAS PERFORMED	Meld 200 AU YES [TOPSY? 20b.	N GREN IN IF YES, WER ERTIFYING YES EM 18 PART 1 0	PART I TO THE FINDIN CAUSES	ye ye silu GS USEL OF DEAT NO
21 is marked or Item 18 sharps any injury, or other troumatic	MEDICAL	Conditions, if ony, gove rise to improve (a), stotir underlying couse PART 2. OTHER SIGN 21a. ACCIDENT WAS UNIOR CONTRIBUTING 21d. INJURY OCCUR WHILE NOTHEY MEDITAL WORK 22a. I certify that the decess obove. (# (we) (£)	AS CAUSE IMMEDIA , which mediate ng the last. VIFICANT CAUSE OF DE CALEXAMINE RED (this hosp ed alive of	DBY: TE CAUSE (o) DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 21b. TIME C HOUR A. R) 21e. PLACE IAT HOME, STI	RAS A CONSEQUENT OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE O	DENCE OF DEATH BUT HOPERATIO PARM. ETC.)	NOT RELATED TO THE TER. NOT RELATED TO THE TE	Z00 AU YES RRED (ENTER	TOPSY? 206. NO NATURE OF INJURY IN ITS	IF YES, WERERTIFYING YES MAN 18 PART 10	PART I (or ATT) PART I (or ATT) REFINDING CAUSES RPART 2)	A LU SED OF DEAT NO ST
or Item 18 shows ony injury, or other troumotic	MEDICAL	Conditions, if ony, gove rise to improve the improvement of the improv	AS CAUSE IMMEDIA , which mediate ng the last. VIFICANT CAUSE OF DE CALEXAMINE RED et alive by et	DUE TO, O DUE TO, O CONDITIONS CO 19b. COND 19b. COND 21b. TIME C HOUR A. R) 21e. PLACE [AT HOME, STI	RAS A CONSEQUENT OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE O	DENCE OF DEATH BUT HOPERATIO PARM. ETC.)	NOT RELATED TO THE TER. N WAS PERFORMED 216. HOW INJURY OCCUI 216. LOCATION STREET 19 and that in (my) (our) opinion	200 AU YES RRED (ENTER:	TOPSY? 20b. NO 20 IN C NO 20 IN C NATURE OF INJURY IN ITE CITY OR TOWN Per 9 Tred owner dote on	IF YES, WERERTIFYING YES MAN 18 PART 10	PART 1(0) REFINDING CAUSES OUNTY Story Ounty	A LU Y COUSES STOCK

Andrea 14 Excentence 5-7-86 Marine Balletin I respectively and the late of the second of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR I. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) S NECESSAR.,
E FUNERAL DIRECTOR.
E S FOR YOUR FILES.
ED, WITHIN 72 HOURS OF ESTI-Kenneth R. Bloise DEATH MATED 19 86 4. RACÉ DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. . SEX IF UNDER 24 HRS. 2d HOUR 26. DATE YEAR LAST BIRTHDAY) 13 29 6 DEAD Male White 1986 0832 TO BENTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Pennsylvania U.S.A. WIDOWED [DIVORCED Wicomico 2, AND 3 TO THE FL 3. RETAIN PAGE 5 SHOULD BE FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY Peninsula General Mail Salisbury Carrier Hospital U.S. Postal USUAL RESIDENCE (IF IN NURSING HIDME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1436 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Brooklyn 15th Md. 103 Co. NO X 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Angelo Bloise Mildred M. Witherow 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS DIVISION Yes 1947-1967 210 16 2269 Arlene Bloise, 103 15th Ave., Baltimore, MD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ALONG W TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG NO FORMERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. Arteriosclerotic Cardiovascular Disease vears IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE Inspection X 220 I certify that I took charge of the remains described above, held an death resulted from: Natural causes Undetermined monner TITLE (SPECIFY) 8-3-86 SIGNATURE EXAMINER'S NAME Bulkelev. Salisbury. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE STATE Burial 8/7/86 Arlington, Virginia Arlington Nat'l Cem. 07/84 24 FUNERAL DIRECTOR DHMH - 17 George J. Gonce, 4001 Ritchie Hg., Baltimore, MD (VR A15 ME (5))

STATE OF MARYLAND

were first to the second to th

Start of the authorized by the seconds. The seconds

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

injury, or other

should be detached for use as the burial-transit permit. Then please re with the State Dept. of Health and Mental Hygiene prior to burial, cren

morked or Item 18 show

IMPORTANT: If them 21 is

TO FUNERAL DIRECTOR: After this certificate has been

meletely filled in by the funeral director.

FOR		DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL	HYGIENE
STATE REGISTRAR			CERTIFICATE OF DEATH	-
74444 07247	5-061	MIDDIE	LAST	2- D/

1-	STATE REGISTRAR			DEPAR		ICATE OF DEATH	HI GIENE	REG. NO	2	4 !	1 9
	CEASED NAME OR PRINT)	FIRST		MIDDLE	BLO	F /				DAY YEAR	2b. HOUR
		Peggy			_ 9	100M		ist 21,			7:18 AM
3. SE	Female	4	White		5. DATE C		6 AGE 6	(IN YEARS LAST BIR		AONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR I		U.S.A	what countr •	Y? 8 MARRIEI WIDOWE	NEVER MARRIED		MORE CITY O			MD.
10 CI	ty or town of dea		(IF NOT IN SUC	HEACILITY, GIVE STRI	EET ADDRESS]	Salisbury.	12a USU	ALOCCUPATION NOST OF USEWIFE	ON F WORKING LIFE	12b. KIND C	OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURS		THER INSTITUTION.		ORE ADMISSION)	13d INSIDE CITY LIMITS	13e.STRE	et ADDRESS / Easter	ZIP CODE	re Drive	e 21801
	ITHER'S NAME lifton	Ŵ	PDIE	Furbush		is. Mother's maiden Hazel		WIDDLE		Bozm	ăn
	VAS DECEASED EVER		ED FORCES? WAR OR DATES)	218-16		17 INFORMANT M Same as	rs Dord	othy F.	Godfr	ey (Sist	er)
	18. CAUSE OF DEAT PART I. DEATH W		BY.	line for (a), (b),		for ar	res8			APPROX BETWEEN	ONSET AND DEATH
ICATION	Conditions, if any, gove rise to juncture	mediate ng the e lost.	DUE TO, OI	Renal	DUENCE OF O DEATH BUT Fau	Delmon NOT RELATED TO THE T WAS PERFORMED	nday	EASE OR CON LA	20b. IF YES	EN IN BART 10 , WERE FINDING CAUSE	Mes USED
MEDICAL CERTIFICATION	210 ACCIDENT WAS UNI	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH	DAY YEAR 19	21c. HOW INJURY OCC	YES C	R NATURE OF INJUI	YE:		но 🗌
MEDI	216 INJURY OCCUR	HILE 🗍	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFIC	CE, FARM, ETC]	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (1) sow the deceas above, (1) (we) (c 22b. SIGNATURE	ed olive on_	8/2	19	1/	nd that in (my) (our) opin DEGREE	G _ MEDIC	AL _ STAI	FF		that (1) (we) last e causes stoted
	22d PHYSICIAN'S N	AME (TYPE OR	PRINT)	. CH.	AN M	22e. ADDRESS	D K	iverse	ile e	2.	Salishy
	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	23b. DATE 8/24	/1986 S	pringhi	emetery or cremato	ardens	Hebron,	Wico	mico, N	Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland

MR 81:7 6811 19 saugen Pougy d. Meneico County, Deer's Head Conter, Salishury, MD.

		FOR	DEDART		E OF MARYLAND	IPAIP.	A 2	. 0
-1	1-	STATE REGISTRAR	DEPAKI		EALTH AND MENTAL HYG ICATE OF DEATH	0 0	24!	2 0
		CEASED NAME FIRST	MIDDLE	i	AST	REG. No.	MONTH DAY YEAR	2b. HOUR
	{TYPE	URSULA	DORCAS	bon	delid	Augu	st 29, 1986	1525 M
	3. SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	IF UNDER 1 YEAR	
-10		EMALE	WHITE		17, 1931	55	YRS.	MIN.
19	7a Bi	RTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	XX NEVER MARRIED		OR COUNTY OF DEATH	
1		OLAND ITY OR TOWN OF DEATH	U.S.A.	WIDOWE		Wicomico	I 121 MIND	MD. OF BUSINESS OR
0	Sai	lisbury	Peninsula Gener	al Ho	spital	TEACHER	DF WORKING LIFE) INDUSTRY EDUCA	ATION
4	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE No. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR		138. INSIDE CITY LIMITS?	HE STREET ADDRESS	zip code Selby	yille,DE
VE		LAWARE SUSS	SEX SELBYV	LLLE	YES NO THE NO THE NAME NA	ES MORTES	Dr. 77,	19975
Ŋ			BERGHÖL:	Z	TABEA	MIDDLE		HLIK
0		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECI	URITY NO.	17. INFORMANT	ADDRE	11 001110	Dr.
		NO	338 30	3325	Dr. Rollon	Bondelid	Selbyvi	
, Lucian de la company de la c		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), ar	nd ici.i	F.	il. co	BETWEEN	XIMATE INTERVAL
0	1	IMMEDIAT	TE CAUSE (a) Caroco	fala	curry 1	mary	8	N/S
a a		Canditians, if any, which	DUE TO, OR AS A COMSEQU	S TE OF	liver &	isease	2	weeks
51.12		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENCE OF	1 1	,	1.	
		underlying cause last.	(c) Chron		alcohol	Consu	e up/1	20 405
lory, o	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS (IN PART 10)						
2	CERTIFICATION	IN DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOP5Y?	10h IF YES, WERE FINDS IN CERTIFYING CAUSE	
	RTIFI				A CONTRACTOR OF THE PARTY OF TH	YES NOTE	YES [NO []
1		OR CONTRIBUTING C CAUSE OF DEA	TIL TIME OF INJURY	AY YEAR	25c HOW INJURY OCCUR	RED THIRTHANDS OF HUM	EN IN ISSM SE PART I CREPART 2)	
	MEDICAL	THE HOLFT MOCALEXAMINER	P.M.	19	ZII LOCATION			
	MED	west [7] will west [7]	THE PLACE OF INJURY LAT HOME STREET PACTORS OFFICE.	FARM, ETC.)	TH LOCATION	CITE 0#10	rwie COUNTY	STATE
E S		27s I certify that (I) (this base)	tal_attended the deceased from	8/7	10 80	8/2	9 10 86	that (f) (we) fast
51.13		saw the deceased alive on	V /A 6	56	d that in (my) (our) opinion	death occurred on the de	are and hour and from the	Trings (11) Lively room.
E		77LAIGNANDRE -	1110		DEGREE	UGUNDA UGW		E SIGNED /
		7-1-0011	com of the	1	(-) ATTENDING A	MEDICAL STA		29/86
4		T 1 L	OR PRINT)	1	22e. ADDRESS	11.00.0	7 2 0-	·
2		I graticus	c. Direars	. 0	Somerset	mexical	CTR PC	reges AM
2	(BURIAL, EREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	_	URIAL JNERAL DIRECTOR		INSET	05. 0 47	ARK BERLI	N WORCESTE 25b. REGISTRAR'S SIGNA	WALLES OF
/84	W	MANAGE	GE 108 Wildeia		t.	-P3 1986	- www.door-	andelse.

21811

Berlin, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

DHMH - 17 (VR A15 ME (5))

24. FUNERAL DIRECTOR

8/20/1986

Greenwood Cemetery

REGISTRAR 256 REGISTRAR'S SIGNATURE

Holloway Funeral Home P.A. Salisbury, MD.

X ... X The state of the s

		FOR
1	-	STATE
		DECKED IN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					6.7
1.	7	13	100	. 3	3
6	2	Geri	d d	6.20	2

KEOBIKAK						REG. NO	J.			
I. DECEASED NAMI	FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
(TYPE OR PRINT)	Willi	am I	Edward	R	200	Ausust	20,	1986	1800	
3. SEX		4. RACE		5. DATE C	OF BIRTH	6. AGE (INCEARS LAST BIR		FUNDER) YEAR	IF UNDER 24	
Male			ack	MONTH	DAY YEAR	80	1	ONTHS DAYS	HOURS	
70 BIRTHPLACE 15			WHAT COUNTRY?	, <u>T</u>	- 29 - 1900	9. BALTIMORE CITY O	YRS	DEDEATH		
COUNTRY)				MARRIE	D X NEVER MARRIED	Wicomico	K COUNTY	OFDEATH		
New York		-	SA	WIDOWE						
10. CITY OR TOWN	- 4				OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST C		12b. KIND O	F BUSINES	
Salisbury		Penins	sula Gener	al Ho	spital	Instruct			trolys	
USUAL RESIDENCE	(IF NURSING HOME OF	ROTHER INSTITUTION	, GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	Lia CIRCET ADDRESS	ZID CODE	CACRO	(Corn	
Virginia		omac	New Chu:		YES NO K	P. O. Box	146	23415	17	
14. FATHER'S NAME		011100	111011 01141		15. MOTHER'S MAIDEN N			7711		
FIRST	II.	known	LAST		FIRST	MIDDLE	P ace	LAS	T	
			16b. SOCIAL SECU	DITU	-2 -150 D	Unkno				
160. WAS DECEASE		VE WAR OR DATES)			17. INFORMANT					
No	No 1			9174	Via E. Bra	gg, New Chu	rch, V			
18 CAUSE O	18 CAUSE OF DEATH IE nter only one cause per line for (a), (b), and (c).) PARTI. DEATH WAS CAUSED BY: On 100 AND C 300									
PART I. DE		ED BY: TE CAUSE (a)	sevene	CI	researce t	leant fa	JUNE		1111	
1.0	Conditions, if any, which (in) DUE TO, OR AS A CONSEQUENCE OF TENDEM. A ME STEVENS.									
		(b)_	Tool	3001	- I	,	- 9 91			
gave rise to immediate cause (a), stating the DUETO, OR AS A			OR AS A CONSEQUE	NCE OF	ne mean	1112 to 111				
underlying cause lost.				17/1	Mc oraco	Minim				
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION						DITION GIVE	N IN PART 110	j '		
190. DATE OF	Du	. 17:	A-19.	KMOY FOUNDS.						
4 190. DATE OF	OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF YES, WERE FINDINGS USED				
Ĕ						YES NON YES NON NON NON NON NON NON NON NON NON NO			NO T	
710 ACCIDENT	WAS UNDERLYING	71b TIME	OF INJURY		21c. HOW INJURY OCCU					
OR CONTRIBUTION	NG CAUSE OF DE	110110 4	.M. MONTH DA	AY YEAR	100	(2002)				
(IF EITHER, NO	TIFY MEDICAL EXAMINE		P.M.	19						
(IF EITHER, NO 21d INJURY C			OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	51A	
AT WORK	NOT WHILE			1	1					
22a I certify	270 certify that (1) (this haspital) attended the deceased fram 8116 19 86 to 8720 19 that (1) (we) la									
saw the	deceased alive an	31	19	86,0	nd that in (my) (our) opiniar	death occurred an the de	ate and haur	and from the	couses state	
abave, (1 22b. SIGNATI) (we) (did adid no	of view the bod	y offer death.		DEGREE			22c. DATE	SIGNED	
110.010.141	Vic	9			ATTENDING	MEDICAL STAI	F		20181	
				11	1 PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌			
27d. PHYSICIA	AN'S NAME (TYPE				22e ADDRESS	- APTBONN	SHI	RE 1)	121V	
H.	R. He	29.			017 010	EAST BRUN SALIJB	ury.	m.a	2/87	
23a BURIAL, CREM.	ATION, REMOVAL	23b. DATE	23c. h	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
(SPECIFY) Bur	ial	9/25	/86	Sharo	n Hills	Dover	ת	elaware	STA	
Dul	T Clark	1161	/ 00	DIIGHT O		DOVET	D	CTawalt		

DHMH - 16 60M 7/B4

(VRA 15, 4)

Norman F. Dennis

24 FUNERAL DIRECTOR

Snow Hill, Maryland

250 AUG 20 24 1986 RAR 25 REGISTRAR SIGNATURE

ACCESS OF THE PROPERTY OF THE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	2	4	-
•	B-000		

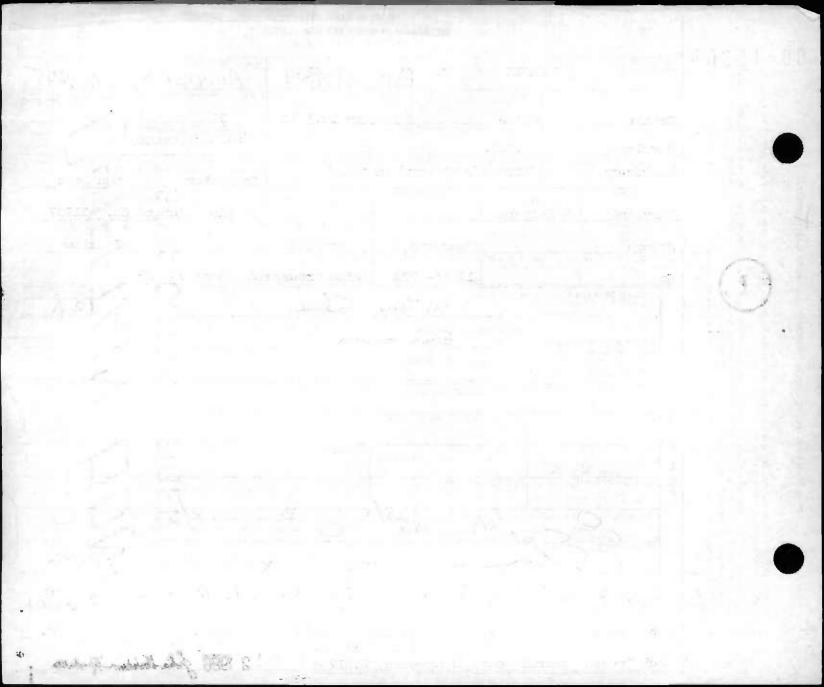
-	REGISTRAR			CERTIFICATE OF DEATH REG. NO.					
	CEASED NAME E OR PRINT)	SADIE	R.	Bro	BROUSSARD	AUSU.	S+ 5,	1986 21	1845
3. SE)	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY) IF U	TOUR TEAR	OURS M
1	male	White			ary 19,1913	73	YRS.		
7a. BII	IRTHPLACE (STATE OR F		F WHAT COUNTRY	2 8	D NEVER MARRIED	BALTIMORE CITY OF WICOMICO	OR COUNTY OF	DEATH	
	ryland					County			
	ITY OR TOWN OF DEA	TH 1). NAME O	FHOSPITAL, NURSI	ralessHo	or other institution spital	(TYPE OF WORK FOR MOST OF HOmemaker		126 KIND OF E INDUSTRY Own Ho	
USU	AL RESIDENCE (IF NURS	NG HOME OR OTHER INSTITUTE	ON, GIVE RESIDENCE BEFO	RE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 710 CODE	- 7	
	arvland	Baltimore	ISC. CITT OR TO	AAIA	YES NO X	34 King R	ichard (Ct. 21	237
	ATHER'S NAME			15. MOTHER'S MAIDEN NAM		ME		LAST	
Toseph Mid		WIDDLE	Catanzar	0	Carmella	MIDDLE		Ranzir	10
160 V	WAS DECEASED EVER	IN U.S. ARMED FORCES	? 16b. SOCIAL SEC		17. INFORMANT	ADDR	ESS		
No	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES	212-44-0	722	Rita Broussa	ard - same	as #13e		
IAC		H (Enter only one cause)			0			APPROXIMA BETWEEN ON	TE INTERVAL
	PART I. DEATH W	AS CAUSED BY:	CBCO, E	store	La leno			12	
	Canditians, if ony, gove rise to immediate (a), stating underlying cause	mediate ag the DUETO.	OR AS A CONSEQU	100	NOT BELATED TO THE TERM	IIIII AL DISEASE OD CON	ADITION GIVEN	IN PART NO	
ATION	gave rise to immoduse (a), stating underlying cause PART 2. OTHER SIGN	mediate 19 the DUE TO, 10st. (c), NIFICANT CONDITIONS	OR AS A CONSEQU	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YES, W	VERE FINDING	
TIFICATION	gove rise to immorate (a), stating underlying cause	mediate 19 the DUE TO, 10st. (c), NIFICANT CONDITIONS	OR AS A CONSEQU	DEATH BUT			20b. IF YES, W	VERE FINDING	
AL CERTIFICATION	gave rise to imma cause (a), stating underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIOR CONTRIBUTING	mediate gg the last. (c) NIFICANT CONDITIONS TION 19b. COI DERLYING CAUSE OF DEATH HOUR	OR AS A CONSEQUENCE OF INJURY A.M. MONTH I	D DEATH BUT	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING NG CAUSES O	F DEATH?
MEDICAL CERTIFICATION	gave rise to imma cause (a), stating underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. IN JURY OCCUR	mediate gg the last. DUE TO. (c), (c)	OR AS A CONSEQUENCE OF INJURY	D DEATH BUT TH OPERATIO DAY YEAR 19	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WIN CERTIFYIN YES [VERE FINDING NG CAUSES O	F DEATH?
	gove rise to imm cause (o), stolin underlying cause PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUM AT WORK NOTIFY MEDI 220. I certify that (1) sow the decess obove (1) (2) (2)	mediate gg the last. (c) NIFICANT CONDITIONS TION 19b. COI DERLYING 21b. TIMI CAUSE OF DEATH CALEXAMINER) RED 21e PLAI (AT HOME RK Othis hospital) attended	CONTRIBUTING TO NDITION FOR WHICE OF INJURY A.M. MONTH P.M. TE OF INJURY STREET, FACTORY, OFFICE	D DEATH BUT TH OPERATIO DAY YEAR 19 E, FARM, ETC.)	211 LOCATION STREET 19 10 10 10 10 10 10 10 10 10	200 AUTOPSY? YES NO CENTER NATURE OF INJURE CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [URY IN ITEM 18 PART	VERE FINDING NG CAUSES O I OR PART 2) COUNTY This is the country of the countr	STATE
	gove rise to imma cause (a), stating underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR WHILE ALTON 22a. I certify that (1) sow the decess above (1) (iv.e) (i) 22b. SIGN	mediate gg the last. (c) (c) NIFICANT CONDITIONS TION 19b. COI DERLYING 21b. TIMI CAUSE OF DEATH CALEXAMINER) RED 21e PLAT (AT HOME White hospital) attended ed alive and did (did not) New the bo	CONTRIBUTING TO NDITION FOR WHICE OF INJURY A.M. MONTH P.M. TE OF INJURY STREET, FACTORY, OFFICE	D DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM. ETC.)	211. LOCATION STREET ATTENDING PHYSICIAN PARAMETER ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CENTER NATURE OF INJURE CITY OR TO	20b. IF YES, WIN CERTIFYIN YES [URY IN ITEM 18 PART OWN 19.	VERE FINDING NG CAUSES O O O O O O O O O O O O O O O O O O O	STAT
	gove rise to imm cause (o), stolin underlying cause PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNIOR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUM AT WORK NOTIFY MEDI 220. I certify that (1) sow the decess obove (1) (2) (2)	mediate and the property of th	CONTRIBUTING TO NDITION FOR WHICE OF INJURY A.M. MONTH P.M. TE OF INJURY STREET, FACTORY, OFFICE	D DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM. ETC.)	211 LOCATION STREET and that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN 272. ADDRESS	206 AUTOPSY? YES NO CITY OR TO CITY OR TO death accurred on the company of the	20b. IF YES, WIN CERTIFYIN YES [URY IN ITEM 18 PART OWN dote and haur at	COUNTY	STATE (I) (ve) uses states
MEDICAL	gove rise to imm cause (o), stolin underlying cause PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MED) 21d. INJURY OCCUR WHILE NOTIFY MED) 220. I certify the (1) Sow the deceose obove (1) (ve) (1) 226. SIGN 22d. PHYSICIAN'S N.	mediate and the property of th	OR AS A CONSEQUENCE OF INJURY A.M. MONTH IN P.M. STREET, FACTORY, OFFICE The deceased from 19 office d	D DEATH BUT TH OPERATIO DAY YEAR 19 E, FARM, ETC.)	211 LOCATION STREET and that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN 272. ADDRESS	206 AUTOPSY? YES NO CITY OR TO CITY OR TO DIRECTOR PHYSI	20b. IF YES, WIN CERTIFYIN YES [URY IN ITEM 18 PART OWN S 19, dote and haur at	COUNTY	STATION (I) We) uses stated GNED
WEDICAL 23a	gove rise to imm cause (o), stolin underlying cause PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUM AT WORK NOTIFY MEDI 220. I certify that (1) sow the decess obove (1) (iv.) (1) 226. SIGN 226. PHYSICIAN'S N.	mediate and the property of th	CONTRIBUTING TO CONTRIBUTING TO NDITION FOR WHICH OF INJURY A.M. MONTH P.M. DE OF INJURY STREET, FACTORY, OFFICE the deceosed from A.M. MONTH 19. 19.	D DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 212. ADDRESS SCOROR CEMETERY OR CREMATORY NS OF FAITH	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUNE) CITY OR TO CITY OR TO PHYSI 23d LOCATION CITY OR TOWN Balto.	20b. IF YES, WIN CERTIFYIN YES [URY IN ITEM 18 PART OWN AFF ICIAN CO	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STATE STATE STATE STATE STATE STATE STATE STATE Md.
WEDICAL ET	gove rise to imm cause (o), stolin underlying cause PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNION CONTRIBUTING 100 CONTRIBUTING 110 CONTRIBU	mediate and the property of th	CONTRIBUTING TO CONTRIBUTING TO NDITION FOR WHICH OF INJURY A.M. MONTH P.M. DE OF INJURY STREET, FACTORY, OFFICE the deceosed from A.M. MONTH 19. 19.	DAY YEAR 19 E. FARM, ETC) NAME OF C Garde	211 LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN 212. ADDRESS SCOROR CEMETERY OR CREMATORY NS OF FAITH	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL DIRECTOR PHYSI 23d LOCATION CITY OR TOWN BAILO. EFECTOR BY REGISTRAL	20b. IF YES, WIN CERTIFYIN YES [URY IN ITEM 18 PART OWN AFF ICIAN CO	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	STAT STAT STAT STAT STAT STAT STAT M.D.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attendin should be detached for use as the burial-transit permit. Then please remove cort with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

retained by the hospital ar attending physician

BP.



	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYGI	IENE 6	2	4 !	2	6.1
-1		OR PRINT)	FIRST		MIDDLE		AST		2a. DATE OF DEATH	MONTH		16.	2b. HOUR
		LC	WISE	Tru	itt	BURBA				8	-	36	4:30 A
	3. SE)	Female		4 RACE White		5. DATE C		1917	6 AGE (IN YEARS LAST B	YRS.	MONTHS		HOURS MIN.
3		RTHPLACE (STATE OR DUNTRY) Maryland	FORE (GN	7b. CITIZEN OF		MARRIEI WIDOWE	D NEVER MA	RRIED -	9 BALTIMORE CITY WICOMI		Y OF DEAT	ſН	MD
0		TY OR TOWN OF DEA		(IF NOT IN SUC	HEACILITY, GIVE STI	REET ADDRESS)	OR OTHER INSTIT	UTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST Retired		LIFE) INDU	STRY	BUSINESS OR 11 Soup
5	M	TSBURY At RESIDENCE (IF NURS TATE aryland	13b COUN WICO	OTHER INSTITUTION ITY OMICO	GIVE RESIDENCE BE 13c. CITY OR TO Salisb	OWN		10 🗌	13e STREET ADDRESS 521 Alab		re. A	2/ lpt.	80/
21		Joseph		Alliam	Tru		1	llie	Mart!			Smi	
1	16a V	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	222-05		17. INFORMAN Wanda	Thomas		ton Av		801	
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
9	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WH		N WAS PERFORM	AED	200 AUTOPSY? YES NO	20b. IF YE IN CERT	ES, WERE F IFYING CA 'ES []	INDIN(
7	MEDICAL CE	21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR WHILE NOT WE	CAUSE OF DEA	HOUR A. P. 21e. PLACE	M. MONTH M.	19	21f. LOCATION STREET		ED (ENTER NATURE OF IN		COUN		STATE
		22a certify that (1)	220. I certify that (1) (this haspital) attended the deceased from 19 6 to 1776 19 that (1) (we) lost sow the deceased alive an 19 6 to 19										
/		DR. ROBIN		R PRINT)			22e ADDRESS	AVE. &	RT 50 SA	LISBU	RY. M	D.2	1801
7	- 1	BURIAL, CREMATION, SPECIFYL Cremation		23b. DATE 8-23-1			emetery or cr va Crema	tory	23d. LOCATION CITY OF TOWN Lewes	Sı	COUNTY		Del.
	24 FL	UNERAL DIRECTOR						25a. DATE	E REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIG	GNATU	JRE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

BAKER AND BOUNDS

SALISBURY, MARYLAND

250. DATE REC'D. BY REGISTRAN 258. REGISTRAN'S SIGNATURE

AUG 26 PBS Swin Duridon Proposition



rector, page 3 injury, or other tra TO FUNERAL DIRECTOR: After this certificate hos been signed by the should be detached for use as the buriol-tronsit permit. Then please with the State Dept. of Health and Mental Hygiene prior to buriol. IMPORTANT: If them 21 is morked at them 18 shows any TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212

-1	FOR
1	STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	1994		£	- 3	
6	2	63	6	Com	40.5
DEC	NO.				

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	10.			
		CEASED NAME FIRST	MI	DDLE	I	LAST	20. DATE OF DEATH	HINOM	DAY YEAR	26. HOU	R
	(TYPE	Doris	М.	Bu	IRKI	HARDT	AUGUST	31.10	986	191	10 M
	3. SEX	(4. RACE		S. DATE C		6. AGE (IN YEARS LAST E	IRTHDAY	IF UNDER I YEAR	IF UNDER 2	
	10	Female	White		12-	7.1924 YEAR	61	YRS.	MONTHS DAYS	HOURS	MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	DENEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH		
)			USA		WIDOWE		Wicomico				MD.
		TY OR TOWN OF DEATH Lisbury	(IF NOT IN SUCH I	OSPITAL, NURS INI FACILITY, GIVE STREET A La Generi	DDRESS)	or other institution ospital	12a USUAL OCCUPA (TYPE OF WORK FOR MOST HOMEMARE	OF WORKING LI	IPE) INDUSTRY	F BUSINES	SS OR
	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, G	IVE RESIDENCE BEFORE	ADMISSION)				Md C	21811	1
)	130. S Ma	1.50	mico	Salisbu	iry	13d. INSIDE CITY LIMITS?	Decator	Apt.2			
Ä	14. FA	THER'S NAME	MIDDLE	EAST		15. MOTHER'S MAIDEN NA	ME				
)		Unknown		Pfister	,	Elnora	MIDDLE		Turne		
		AS DECEASED EVER IN U.S. AR		66 SOCIAL SECUR		17. INFORMANT 211	OS ADD	RESS Mil	llersvi		Md
	(4	ES, NO OF MUCHOWN) (IF YES, GIV	E WAR OR DATES)	19-12-8	647	Robert A.Bu		A A tribe who			
1						RODCI U A.DC	ar hilarut,	3)10	Brooky		Rd.
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D RV.	2 // ~					BETWEEN	ONSET AND	SEATH
	2.7	IMMEDIA	E CAUSE (a)	ordeal.	an	OV					
		DUE TO, OR AS A CONSEQUENCE OF									
	100	Canditions, if any, which	((b)	Jeube.	lab.	und wall?	mydardes	810	no		
	100	gove rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF		0				
		underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (c) Walkers Underlying Couse last.									
		PART 2. OTHER SIGNIFICANT	ONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	YDITION GI	VEN IN PART 1	a ·	
	ō	Harncho	Cestera	Cemia,	N	ines Cession	of dias	wes			
5	CAT	190. DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED	10
	CERTIFICATION	70					YES NO	Y	IFYING CAUSES ES 🔲	NO [
2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF HOUR A.M	INJURY . MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	IURY IN ITEM 18	PART 1 OR PART 2)		
	CA	(IF EITHER NOTIFY MEDICAL EXAMINE			19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OI	F INJURY T, FACTORY, OFFICE, FA	RM ITCI	21f. LOCATION STREET	covog	Guera	COUNTY	51	ATE
		AT WORK NOT WHILE		1	N	61	06	,	0/		
		220.1 certify that (this hosp	al) offended the	deceased fram_	0/	1906	10 0 /5/		19.06	tho(1) (w	e) lost
		sow the deceosed alive an abave (1)(we) (did) (did)	the body of	tar death	E 6/ , al	nd that in (apinion o	death occurred on the	dote and ha	ur and fram the	causes sta	ted
		7% SIGNATURE	- view me oydy di	- Committee dealing	4	DEGREE			22c DATE	MONED!	-
		1960	1	Mark	-	ATTENDING	MEDICAL ST DIRECTOR PHYS	AFF	81	7/8	6
1		22d. PHYSICIAN S MAME (TYPE C	PR PRINT)			22e. ADDRESS	DIRECTOR FHIS	/	1	1	
		Place	4/1/	alin	0	80 BOX 263	26 Salit	3/40-	maal	801	
	22 0	Caryvoro		ou of				wy 1	1100.	- /	
	23a. B	URIAL, CREMATION, REMOVAL		736 N	AME OF C	CEMETERY OR CREMATORY Ot. Crownsvil	23d. LOCATION	77777	COHNIY	51	ATE
		Búrial	P/4/19	36 Vet	· cen	U. Crownsvi	гиестомия	ATTTE	s, Ma.		

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S, SIGNATURE



•

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 2/201 TOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour difference of many be need by the haspital are offending physician. TONERAL DIRECTOR. After this certificate has been signed by the available physician and completely falled in the invitation director, page 3 had be detached for use as the burital-profit permit. Then please female contamination and completely falled in the first falled in the invitation offer death
the State Dept. of Health and Mental Hygiene prior ta burial, cremaillen an imany.
DRTANT: If them 21 is morked or them 18 stews ony injury, or other trust, other manners are a contract or other

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	2 4	! 2	7
IRGIE	AIDDLE V.	CEPHAS CEPHAS	26. DATE OF DEATH	8-31	- 86	26. HOUR 2/5 DM
NEG	MON	01 7 0 60	6. AGE (IN YEARS LAST BIRT			HOURS MIN.
US	A WIDOW		Wicomoc	0		MD.
(IF NOT IN SUC	HOSPITAL, NURSING HOME H FACILITY, GIVE STREET ADDRESS) Walk Nurse:	ing Home	12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Factory			ed ed
ester	GIVE RESIDENCE BEFORE ADMISSION 13t. CITY OR TOWN Cambridge	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 901 Mace		e - 21	.613
E	Greene	Rosie	ME MIDDLE	Car	mper	
FORCES?	166 SOCIAL SECURITY NO. 216-11-9916	, , , , , , , , , , , , , , , , , , , ,	reene 901		s Lane	
ie couse per : AUSE (a)	line for 101, (b), and (c).)	Cerrest			BETWEEN ON	ATE INTERVAL NSET AND DEATH
DUE TO O	RAS A CONSEQUENCE OF	Lie Cordio VI	esculor D	580se	YR.	er
DUE TO, OI	R AS A CONSEQUENCE OF					
DITIONS CO	DINTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVEN	N IN PART 1(0)	
196. COND	ITION FOR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?		WERE FINDING ING CAUSES C	
216. TIME O HOUR A P	M. MONTH DAY YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART 2)	
21e PLACE		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

Diobetio	Mellitus						
196 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)		
214 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE		
22a.1 certify that (this haspital)	10. 21	d that in (way) (our) opinion of	death occurred on the d	ote and hour and from the	_, that (♣ (we) last he couses stated		

sow the deceased alive on above, (*(we) (did) (did) view the bory v ofter death. 226. SIGNAT

4. RACE

75 CITIZEN OF V

River

Dorchester

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)_

DEGREE ATTENDING Mil PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED

Homas

22e ADDRESS JR

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

O. BIRTHPLACE (STATE OR FOREIGN

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 30 STATE 136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate couse (b), stoting the

underlying couse lost.

18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:

PART 2. OTHER SIGNIFICANT CONDITIONS CO

Maryland CITY OR TOWN OF DEATH

Maryland 4 FATHER'S NAME

Huluid

Vo

CERTIFICATION

MEDICAL

Palisbury

MES. NO OR UNKNOWN)

3. SEX

23b. DATE 9-5-86 23¢ NAME OF CEMETERY OR CREMATORY Bethel AME Cem.

23d LOCATION Cambrid

Dor.,

L.H. Moardley F/H

Cambridge, Md. 21613

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Filis Davidson Mandales IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event.

- 16 60M 7/84 (VRA 15, 4)

S	ī	A	ī	E	0	F	1	M	V	N	R	Y	L	A	N	D)		
							_												

DEDADTA

	- STATE REGISTRAR		DEFARIA	CERTIF	ICATE OF DEATH	REG. N	0.	1 6			
	DECEASED NAME FIRST		ert	Č	hatin	August	MONTH 2 C	1986	26. HOUR 1220A M		
1	Male	4.RACE White		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR	IF UNDER 1 YEAR IF UNDER 24 HRS		
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	U. S	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OF WICOMICO	R COUNT	Y OF DEATH	MD.		
s	alisbury	Penins	ula Gener	al Ho	spital	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Owner Chaf	OF WORKING	LIFE) INDUSTRY			
43	Florida Da	OUNTY	136. CITY OR TOW Miami		134. INSIDE CITY LIMITS?	13e STREET ADDRESS 10820 S.Wes			33156		
1	FATHER'S NAME FIRST Don	MIDDLE	Chafir	n	15 MOTHER'S MAIDEN NA FIRST Mary	MIDDLE		Brewe			
16	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) Yes WW.	ARMED FORCES? S. GIVE WAR OR DATES) II Army	236-01-36		Mary Rue Dall	ADDR Las Chafin		sec 13			
300	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Co. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Co. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAIR DUE TO, OR AS A CONSEQUENCE OF										
CEDITIES ATION	8/14/16; 8/2	1/1 Pa	llition FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE FINDS IFYING CAUSES (ES			
AAEDICA! CEB		F DEATH HOUR A. MINER) P		AY YEAR 19 ARM ETC.)	211. LOCATION STREET	RED (ENTER NATURE OF INJU		PART I OR PART 2) COUNTY	STATE		
	220. I certify that (I) (this has a the deceased office obyet (I) (we) (did) (did) (22b. S(GNATURE) 22d. PHYSICIAN'S NAME (The decease of the decease of th	our and from the	SIGNED S/K								
23	BURIAL, CREMATION, REMO (SPECIFY) Burial	23b. DATE 9-2-1			n South	23d LOCATION CITY OF TOWN Miami	п	county F	lorida		

BAKER + BOUNDS SALISBURY, Md

AUG 29 1986 PALLER SIGNATURE

a Artist Art

Allert Control of the Control of the

Buses + Promise 5

	1				9	TATE OF MARYLAND				0
250	1-	FOR STATE REGISTRAR		DEP		OF HEALTH AND MENTAL HY	REG. N	2 4	1 2	7
333		CEASED NAME F	RST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. h	HOUR
de of the	TITPE	EV	A	EVANS	01	HAPMAN	AU6457	8,19	86 11	-15 PM
you go b	3. SEX	(4. RACE		9	ATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF U	THS DAYS HOL	NDER 24 HRS
Soft Soft	6	Female	Wh	ite		arch 9, 1930	56	YRS.	INS DATS HOL	MIN.
Poge direct hours	Je: 81	RTHPLACE (STATE OF FORE		OF WHAT COUN	TDV2 R		RALTIMORE CITY C		DEATH	
the 22	1	Maryland	11	S.A.		ARRIED IN NEVER MARRIED DOWNED DIVORCED				MD.
er dec	10. CI	TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, N	JRSING HO	ME OR OTHER INSTITUTION	128. USUAL OCCUPAT	ION	126. KIND OF BU	
ed the	1	alisbury	Peni	in such facility, give	neral	Hospital	(TYPE OF WORK FOR MOST O		Medica	al
filled in by the rauld be filed	130. 9		HOME OR OTHER INSTITUTE. COUNTY	13c. CITY OR	BEFORE ADMIS TOWN	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Rt. 9-Box		(21801 Luke's	
ithin 2 sh		THER'S NAME				15. MOTHER'S MAIDEN	NAME MIDDLE		LAST	
mpletely mpletely examiner		James	MIDDLE	Ster	ling.	Fr. Lillian			Armis	tead
		VAS DECEASED EVER IN		ES? 166 SOCIAL			ADDR	ESS		
rifficate be execu- a physician and e- anpapers. Pages emoval.			FYES, GIVE WAR OR DAT	213-2	4-0906	Herbert J.	Chapman Sa	me as 1	3 a, b, c	,d,e
e be ers. I	n								APPROXIMATE BETWEEN ONSET	
hysi pop pop novo		18. CAUSE OF DEATH (I PART I. DEATH WAS	CAUSED BY:		or, one rear	CANPEN				
requires that the death certificate as signed by the attending physici. Then please remove carbon paper in burial, cremation, or removal. injury, or other troumatic event, the		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
squires o signe to bur injury, o	Z									
berio C	CERTIFICATION	19a DATE OF OPERATIO	N 19b C	ONDITION FOR W	HICH OPE	RATION WAS PERFORMED	20a AUTOPSY? YES NO		VERE FINDINGS NG CAUSES OF I	
vsicion. cote hos onsit per Hygiene	T W	210. ACCIDENT WAS UNDERL	1101	IME OF INJURY JR A.M. MONTH	1 DAY		URRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	ORPART 2)	
ding physicians of certifico certifico control-tron Mentol Hy re Item 18		OR CONTRIBUTING CAU	SE OF DEATH	P.M.	DAI	19				
HYSI ding lis ce buri	MEDICAL	21d INJURY OCCURRED	21e. PI	LACE OF INJURY		211. LOCATION	CITY OR TO	OWN >	COUNTY	STATE
ond ked	Z	WHILE NOT WHILE	[AT HO	ME, STREET, FACTORY, C	FFICE, FARM, E	(C)	1	2/1	07	
or offer the est the offer the ost the morked		22a. certify that (I) (th	is hospital) attend	ied the decement	rom	7/8 19 8	6_, to	6 0, 19.	, that	(1) (we) lost
TEN TOR: Or us	1	sow the deceased above, (I) (wa) (did			19 86	, and that in (my) (our) apini	on death accurred on the c	ne and hour a	nd Irom the cous	es stoted
Y the hosp y the hosp RAL DIRECT detoched f hote Dept. o		above, (1) (was laid	5 6	ev (7	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE SIGN	-86
I AN STATE		274 PHYSICIAN'S NAM	E (TYPE OR POINT)	17	14 1/	22e. ADDRESS	60,5. D.	Nosson	STOI	
o HOSI		1 avid (·Colla	//) /	15 N7	So	USBUN,	MIND	1001	
E E E & > Z	23a.	BURIAL, CREMATION, RE				OF CEMETERY OR CREMATOR	CITY OR TOWN		OUNTY	STATE
BP	- Brown	Burial	8/1	1/86	Sunn	yridge Cemetery			merset	Md.
	24 F	UNERAL DIRECTOR				25a [ATE REC'D. BY REGISTRA	256. REGISTRA	R'S SIGNATURE	

Crisfield, Md.

21817

jume wandown for the

AUG 1 3 1986

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR
NAME
Bradshaw & Sons

Three Three To the terminal to of tend theretin lottering by and the state of the state of . I makilide en entire . The area server to the server and a server to the server of the ser

ofter death. Page 4 may be

completely filled in by the funeral director, page 3

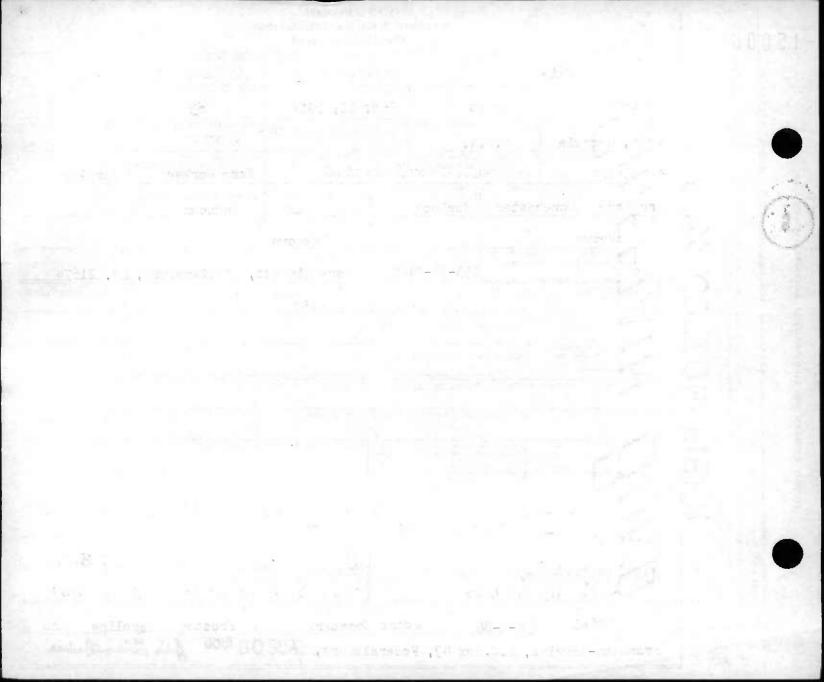
YLAND

2	4	3	3	1
(E) 348				

1. DE	ECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH M	ONTH DAY YEAR 26 HOL
	Otis		Ch	EMENTS	August	3, 1986
3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER
	Male	Negro	Lec	210 1917	68	YRS HOURS
70. B	BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY?	D NEVER MARRIED	9. BALTIMORE CITY OR	
Ma	acon, Georgia	U.S.A.	WIDOWE		Wicomico	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATIO	
400	Salisbury	Peninsula Gen		spital	Farm Worker	r . Farming
	JAL RESIDENCE (IF NURSING MOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BE ITY 13c. CITY OR T	EFORE ADMISSION)	138 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2	ZIP CODE
	2	nester Hurlo	ck	YES NOXX	Unknown	2469
13. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	LAST
1	Unknown	and the second		Unknown		FWJI
	WAS DECEASED EVER IN U.S. AR		ECURITY NO.	17. INFORMANT	ADDRES	S
1	MES NO OR UNKNOWN) (IF YES, GIV	253-34-	-0468	Mary Pinket	tt. Williamsh	burg. Md. 21674
	Canditians, if any, which	(b)	OUENCE OF			
ATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	OUENCE OF			
RTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES \(\square\) NO [
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES \(\text{\sqrt{NO}} \)
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT OF THE SIGNI	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT TICH OPERATION DAY YEAR 19	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES NO [IN ITEM 18 PART OR PART 2)
	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF	TO DEATH BUT HICH OPERATION DAY YEAR 19 EKCE, FARM, ETC.)	211. LOCATION SIREET	200 AUTOPSY? YES NO CONTROL NATURE OF INJURY CITY OR TOWN	20b IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES NO (IN ITEM 18 PART I OR PART 2)
	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT OF THE SIGNI	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET ATTENDING PHYSICIAN PHYSICIAN	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN Do to death accurred on the date	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES NO [INITEM 18 PART OR PART 2) N COUNTY e and hour and from the causes st
MEDICAL	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT OF THE SIGNI	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	TO DEATH BUT HICH OPERATION DAY YEAR 19 EKCE, FARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET 212 LOCATION STREET 213 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 216 ATTENDING PHYSICIAN 226 ADDRESS 13 UD S. ()	200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN CITY OR TOWN Active of Insulary CITY OR TOWN ACTIVE ACTIV	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES NO [INITEM 18 PART OR PART 2) N COUNTY e and hour and from the causes st
WEDICAL WEDICAL	gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT OF THE SIGNI	DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	TO DEATH BUT HICH OPERATION DAY YEAR 19 ENCE, FARM, ETC.) 23c. NAME OF C	211 LOCATION SIREET 211 LOCATION SIREET 212 ATTENDING PHYSICIAN 222 ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR TOWN CITY OR TOWN Adeath accurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES NO [INITEM 18 PART OR PART 2) N COUNTY e and hour and from the causes st

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and co-shauld be detached for use as the busing-fronsit permit. Then please remove carbon papers. Pages (P with the State Dept. at Health and Mantal Hygiene prior to businf, cremation, or removal.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed retained by the hospital or attending physicion.

	STATE OF MARYL
R	DED ADTMENT OF UFALTU AND

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

100	3	à	-7
2	4	į	13

1	REGISTRAR				CERTIF	ICATE OF DEA	(III	REG. 1				
	1. DECEASED NAME (TYPE OR PRINT)	James		K.		Lebum		2a DATE OF DEATH	MAUE,	, 198	26 HOU	R-PM
	maste	4.	RACE Whit	A	Jan.	DAY	YEAR 08	6 AGE (IN YEARS LAST B	RTHDAY) IF U	THS DATS	HOURS	24 HRS MIN.
100	70. BIRTHPLACE (STA		CITIZEN OF V	WHAT COUNTRY?	8	D IN NEVER MAR		9 BALTIMORE CITY Wicomico	OR COUNTY OF	DEATH	7	MD.
	Salisbur		Devermos	IOSPITAL, NURSIN	ABBRESE	OR OTHER INSTITU		12g USUAL OCCUPA (TYPE OF WORK FOR MOST retired-	OF WORKING LIFE)	12b. KIND C INDUSTRY		
1	Maryland 14. FATHER'S NAME FIRST	Worce	ester	Pocomok		15. MOTHER'S M.	AIDEN NAM	\E	/ ZIP CODE dar Str		218	351
P			P _	Colebur	n	FIRS	rtha	WIDDLE		Kel		
	Robert 160 WAS DECEASED F (YES, NO OR UNKNOW) NO	VER IN U.S. ARMI		213-10-	RITY NO.	17 INFORMANT		2 20 22	Cedar			
		immediote stating the cause last. SIGNIFICANT CO	DUE TO, OR (c) NDITIONS CO	AS A CONSEQUE AS A CONSEQUE INTRIBUTING TO D TION FOR WHICH	DEATH BUT	v 6/	lad	NAL DISEASE OR COL	NDITION GIVEN 20b. IF YES, W IN CERTIFYIN	ERE FINDI	NGS USED	
	OR CONTRIBUTING (IF EITHER NOTIF) 21d INJURY OC WHILE AT WORK 22a I certify the saw the de	at (MM) this hospital ceased olive on we) (did) (did) not)	P.A 21e PLACE C (AT HOME, STRE	A. MONTH DA A. DE INJURY SET, FACTORY, OFFICE F.	ARM, ETC.)	211 LOCATION STREET	19_86	VES NO	own , 19	COUNTY	that (X (w causes sta	TATE
	22d PHYSICIAN K. Yo	SNAME (TYPE OR	SI DO	, אטרו	4.	PHY 22e ADDRESS		MEDICAL ST. DIRECTOR PHYS		21801	6-8	8
	23a. BURIAL, CREMAT (SPECIFY) Burial 24 FÜNERAL DIRECTO		23b. DATE 8/8/			emetery or cre.	terv	23d. LOCATION CITY OR TOWN ACCOMAC REC'D. BY REGISTRA	Accoma		Va.	TATE
	Seo45	Muls	zen Po	comoke	City	, Md.	ALLO A	O 14H6	RIZII. KEGISTRAR	SSIGNAL	Lalle	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked at Item 18 shows any injury, or other traumatic event, the medical

5877

NO 13 A STATE OF THE RESIDENCE OF THE RE

STATE OF MARYLAND

Land Maria A Langer State THE SHALL SELECT AND THE SELECT

Taylor Funeral Chapel, Annapolis, MD

DHMH - 17

(VR A15 ME (5))

La company of the day of the contract of the c

A.S. browner (

FOALS STORY AND STORY STORY

Unkrown Partiers Partieres

115-30-4401 John T. Honovan -Ul ele Anerodi

.l.A. ellogane substant ... as asht, ac. ... Estaut

Freder Funeral Channal, Agence 12, 13

	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24, bours after death. Page 4 may be retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages, 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
1201	Suns o	by file
9 9	1	lled b
3	G	1
100	1	談
ORE.	xecu	des des
TIMO	e e	rs. Pa
BAI	ficate	pape pape
N ST	Certi	ding porton
ESTO	death	attend ove co
W. PR	+ + e	the rem
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21201	s tho	pleas
RDS,	equire	Then to bu
ECO	₩ O	rmit.
TALR	The Cion.	sit pe
FVI	IAN: physi	l-tron of Hy
ONO	4YSIC ding	buria Ment
IVISI	offen offen	s the
۵	NON IN	R: Af
	ATTE	ECTO ed for
	the h	t DIR
	SPITA 3 by	NERA be de
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Leterance by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physici should be detoched for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.
	7	F 00 3

any injury, or ather traumotic event, the

IMPORTANT: If Item 21 is morked or

0,8-15991

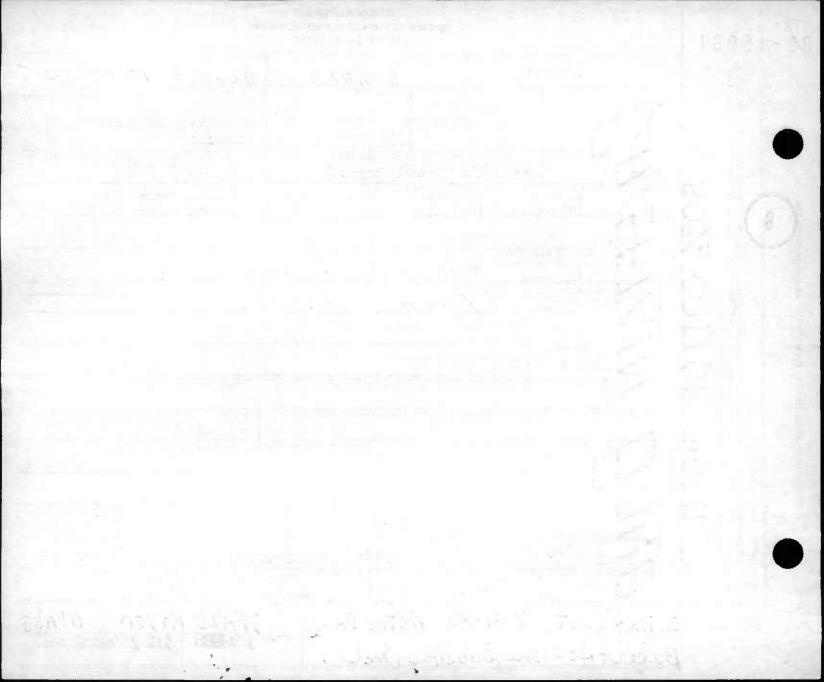
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR - STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 6	2 4 1	3	6
	ECEASED NAME FIRST PE OR PRINT)	WIDDLE		LAST .	20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
1	Laure	etta	DU	RAND	AUGUST	T 17	1916	0921 M
3. S	EX	4. RACE	5. DATE		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS.
	Female	White	MONT 1		67	YRS.	MS DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MEISS.	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8.	D X NEVER MARRIED	9 BALTIMORE CITY O Wicomico		DEATH	MD.
Sa	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH EACHLITY, GIVE STREET PENINSULA GENET	al Ho	or other institution spital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF House Wife	OF WORKING LIFE)	2b. KIND OF B NDUSTRY Own Hot	BUSINESS OR
130	STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 13¢ CITY OR TOV OMICO Salisbur	VN	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS		21:	801
1	Joseph	Garant		Bertha	WIDDLE	Duquet	tte LAST	
160	WAS DECEASED EVER IN U.S. A		JRITY NO.	17. INFORMANT	ADDRE			
	(YES, NO OR UNKNOWN) (IF YES, G	026-03-9	267	Bertrand Dura	and see se	c 13		
No.	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN II	N PART 1(0	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING	G CAUSES O	
MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURRE		RY IN TEM 18 PART 1	OR PART 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO	IWN (COUNTY	STATE
		opital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	WW WW	nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAL DIRECTOR PHYSIC	FF		
230 E	BURIAL, CREMATION, REMOVA	1 23b DATE 23c. 1	NAME OF C	EMETERY OR CREMATORY E DAME	23d OCATION FA 210WN	River	UNIY	MASS
B	aber Bou	nda Salisbu	y Sh	wl, 25,000	AR DOY 1300 AR	25 RIGISTR	SEIGNA	Edael

DHMH - 16 60M 7/84

(VRA 15, 4)



Mel Samed Marie V . I in the Company and and are the second of the

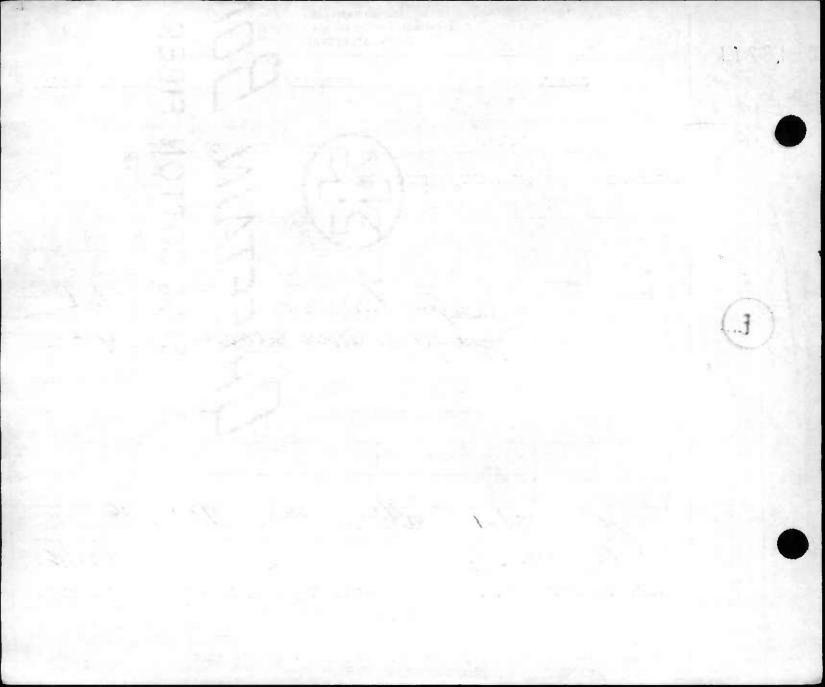
over the second of the second

			•		STAT	E OF MARYLAND				
	1 -	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	IENS 6	241	3 6	
		CEASED NAME FIR	1ST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOUR	
4	(1112		MUEL			GOLDSTEIN	. 11.7%	8-22-86	4:08A M	
	3. SEX Male White		е				HDAY) IF UNDER 1 YE MONTHS DAY	AR IF UNDER 24 HRS		
14			11.4			D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
0	S	ALISBURY	SALIS	H FACILITY, GIVE STREET BURY NURS	G HOME (ADDRESS) ING H	OR OTHER INSTITUTION	120 USUAL OCCUPATIO		OF BUSINESS OR RY anufacturii	
5	13a. S	AL RESIDENCE (IF NURSING H STATE Maryland	OME OR OTHER INSTITUTION COUNTY Wicomico	13c. CITY OR TOW Salisbury		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 602 Dougla	IS Road	21801	
2/		Abraham	WIDDLE	Goldstein		Sarah	WIDDIE	(Unknov	w'n)	
Inedical		VAS DECEASED EVER IN U YES OR UNKNOWN) (IF	.S. ARMED FORCES? YES GIVE WAR OR DATES)	166. SOCIAL SECU 084-07-4		17 INFORMANT Norr	nan Glen^(Sối Road, Salisb		nd 21801	
		Conditions, if ony, wh gove rise to immedia couse (a), stating underlying couse lo	4	ns.						
À 10	ATION	PART 2. OTHER SIGNIFIC				NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110 1206 AUTOPSY? 1206 IF YES, WERE FINDINGS USE			
7	CERTIFICATION				O' EKATIO		IN CERTIFYING CAUS	SES OF DEATH?		
9	_	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.	FINJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	TIN ITEM 18 PART 1 OR PART 2	()	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TOV	NN COUNTY	STATE	
		22a. I certify that (I) (this sed of		19		nd that in (my) (our) opinion of	death occurred on the do		_, that (II (we) last the causes stated	
		24. PHYSICIAN'S NAME	TUS	4		ATTENDING PHYSICIAN	MEDICAL STAF	87	28/16.	
	-	EARL M. BEA		D.		CIVIC AVE, &	RT. 50, SAI	LISBURY, MD	21801	
	23o B	BURIAL, CREMATION, REM	0VAL 236. DATE 8/24/1	986 B	eth Is	rael Cemetery	Salisbury	, Wicomico,	Maryland	

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

Holloway Funeral Home P.A, Salisbury, Maryland



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJENE

3

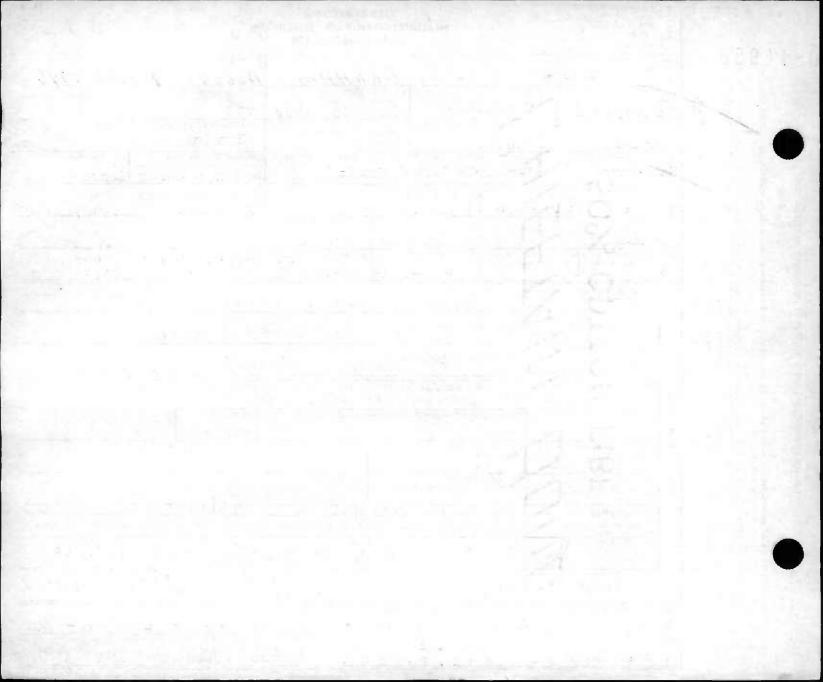
1	RE	GISTRAR				CERTIF	ICATE OF	DEATH	0 0	REG. NO.			- T	
1	1. DECEA	SED NAME	FIRST		MIDDLE	1	AST		20. DATE OF DI		NTH DA	AY YEAR	2h HOUR	,
ı		Mi	ldred		Α.	G. K	AHE	m	AUGU:	ST	11	1986	0741	O M
4	Liex		- 1	RACE		5. DATE C		YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY		FUNDER I YEAR	IF UNDER 2	4 HRS
ı	FE,	MALL	-	Caucas	sian	11	05	1908	77		YRS.			
1	70 BIRTH		OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER	MARRIED -	9. BALTIMORE		O YTMUC	OF DEATH		
4		land		U.S.A.		WIDOWE		ONORCED	Wicom					MD.
		sbury	TH 1		HOSPITAL, NURS IN THE CLUTY, GIVE STREET ULA GENET				12a USUALOC (TYPE OF WORK FO Whitma	OR MOST OF WO				SOR
4	USUAL R 13a. STAT	ESIDENCE (IF NURSI	NG HOME OR C	THER INSTITUTION.	GIVE RESIDENCE BEFOR		A 124 INICIDE	CITY LILLITCO	4			Journa	,	
		land	Wico		Salisbu		YESX YES	CITY LIMITS?	Pine			llage	21	201
1	14. FATHE	R'S NAME FIRST		IDDLE	LAST		15. MOTHER	S MAIDEN NA	ME	MIDDLE				001
1	Flar			A.	Aydelo	otte	Flo	rence	,	MIDDLE		Pav		
1		DECEASED EVER I		ED FORCES?	16b. SOCIAL SECU	JRITY NO.	17 INFORM	ANT Mr.	Sewell	Grav	veno	r, 80	6	
1	No	OK SHARIOWING	(# 765, 0176	TAR OR DATES	164-09-	-3218						19711		
ı	18.	CAUSE OF DEATH	(Enter only	ane cause per	line far (a), (b), an			.1	,			BETWEEN	MATE INTERV	AL EATH
1	3			CAUSE (a)	Cardio-	Pun	Mono	uy Hr	reet.					
1				DUE TO, O	R AS A CONSEOU	ENCE OF	my	Dende	al In	force	him			
1		anditions, if any,		(b)	probei	ince	1100	O CIVLO	7 011	10100	1 1001			
	CC	cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CONTROL SUCCESS!							4.7					
							DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION					ON GIVEN IN PART, 110		
Ц	10	Ele	Cy wa	0.	TION FOR WHICH OPERATION WAS PERFORMED				/ /	100	-			
	CERTIFICATION 130	DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO				40 IN	CERTIFY			1?
è	0.0	, ACCIDENT WAS UND CONTRIBUTING C	AUSE OF DEAT		M. MONTH D	AY YEAR	21c. HOW	NJURY OCCURI	RED (ENTERNATUR	E OF INJURY IN	ITEM 18 PAR	RT 1 OR PART 2)		
	W	FEITHER NOTIFY MEDIC	-	21e PLACE	OF INJURY		211 LOCAT					COUNTY	STA	-
ı		NOT WHI	ILE	(AT HOME STE	REET, FACTORY, OFFICE, I	FARM, ETC)	STRE	ET	4	CITY OR TOWN		COONIA	514	ATE
1	220	I certify that (I)		il) attended th	e deceased fram_	7/3	6 80	, 19	8	1/86	1	9	that (1) (we	e) last
1		saw the decease abave, (1) (we) (d	d alive an_	2/3/	ofter death	, ar	nd that in (m)) (aur) apinian	death accurred o	on the date o	and haur	and fram the o	auses stat	ed
	226	SIGNATURE	M.	10	oner ocom.		DEGREE					22c. DATE	SIGNED	
			Myp			M.	0	PHYSICIAN 2	MEDICAL DIRECTOR	STAFF PHYSICIAN		8111	80	
	226	H · R	1 1	ela.			22e. ADDRE	6 4	· SALLS	Bury	is m	sho 10 21	801.	
	23a. BURI	AL, CREMATION, I	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OF	CREMATORY	23d LOCATIO	ON		COUNTY	514	75
	Buri	äl		8/4/8	86 E	Everg	reen	Cemete		rlin	Wo	rceste		MD_

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: II IN

AUG 1 1 1986 Super Strange Str

74 FUNERAL DIRECTOR
W. Kirk Burbage, 108 Williams Street Berlin, MD 21811



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

3

REGISTRAR				CERTI	ICATE OF DEATH	REG. N	0.		
DECEASED NAME	Thoma	as	Earl		ant	20. August 11		YEAR	10 P M
564	4	RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR	HOURS MIN.
MALE		CAUC			övember7, 1910		YRS.		
BIRTHPLACE (STATE		U.S.	what country: λ .	? 8. MARRIE WIDOW!	EXX NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF D	EATH	MD
Salisbur	1999	(IF NOT IN SPE	H FICILITY, GILLER	doore Cer		UNION ORG	ANIZER	UNI	
SUAL RESIDENCE (# © STATE ARYLAND	WORC	THER INSTITUTION. Y ESTER	OCEAN		13d. Inside City Limits? Yes 🔼 no 🗌	13-STREET ADDRESS	íI° Dr.		City,1 842
GEORGE	ΝÊ	LSON	GRÁÑT		15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	T
WAS DECEASED E	VER IN U.S. ARM) (IF YES, GIVE 1	ED FORCES? WAR OR DATES)	166 SOCIAL SEC 223 O		17. INFORMANT 2 Mildred L	. Grant	43 Tea.	City	ive MD MATE INTERVAL DINSET AND DEATH
PART 2. OTHER S	ouse last.	((c)	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE		NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN IN	I PART 110) <u> </u>
190 DATE OF OPE	ERATION	19b. COND	ITION FOR WHICH	H OPERATIC	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WEI IN CERTIFYING YES		
OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME O HOUR A. P.	m. Month [m.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	PART 2)	
	T WHILE		REET, FACTORY, OFFICE.	, FARM ETC)	STREET	CITY OF TO	own c	OUNTY	STATE
saw the dec	eosed alive an e) (did) (did not)	8-	e deceased fram. Lagrandian 19 ofter death.		nd that in (my) (aur) opinion o	leoth accurred on the de		from the	
22b. SIGNATURE Els	acu.	Com	in H.	δ.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		22c. DATE	SIGNED
22d. PHYSICIAN'S	SA M		RIS		Deer's Hea	d Center Sa	alisbury	,Md 2	1801
BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	101 230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COL	INTY	STATE
TIDTAT		0/19	106 0	TEDCI	DEEN CEMEMED	V DEDITM	MODOFC	סידית	MD

DHMH - 16 60M 7/84

injury, ar other traumatic

IMPORTANT: If them 21 is marked ar them 18 shows any

attending physician.

ATTENDING

retained by the haspital ar TO HOSPITAL OR

BP.

(VRA 15, 4)

BURIAL 24. FUNERAL DIRECTOR Kirk Burbage

23c. NAME OF CEMETERY OR CREMATORY EVERGREEN
108 Williams

STATE COUNTY

N CEMETERY BERLIN WORCESTER MD

St. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

21811 AUG 19 188

Berlin, MD

des l'es regent des con de la regent de l'este de la regent de l'este de l'e

GIRE TERRETARIN

con the

Thousey : r Head Center

Dear's Sond Center Salisbury, no 21003

STATE OF MARYLAND

at the	.9	2	7
2	64	- 8	13
Sive		A	-

00-15401	1.	FOR STATE REGISTRAR		DEPART	MENT OF I	EALTH AND MENTAL HYG	BENE 6	2 4	1 3	3
4		CEASED NAME FIRST		MIDDLE		AST	2a. DATE OF DEATH	MONTH DA	AY YEAR	2b HOUR
nay be page 3 rr death	1,11	Rober	t	C.	GI	RAY	AUGUST	9.19	86	8'. 20 m
moy .	3. SE	х	4. RACE		5. DATE (6. AGE - (IN YEARS LAST BI	ETHDAY)	FUNDER TYEAR	
ge 4	M	ale	Whit	e	Marc	h 8, 1920 YEAR	66	YRS.		HOURS MIN.
Page Mount	ia. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	OF DEATH	
de of the		ashington, D.O	3'		WIDOW	DIVORCED	Wicomico			MD.
on the total	1/	Salisbury	Penins	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET SULA GENEI	ADDRESS)	or other institution ospital	Type of work for most of Foreman			OF BUSINESS OR
ND 212	13a	al residence (if Nursing 1996) State aryland	ON OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	STREET ADDRESS 5804 Gouch	/ ZIP CODE	ve 20	0740
MARYLAND 2120 red within 24 hours mpletely filled in b. and 2/should be in examine e must be in		ATHER'S NAME FIRST George	MIDDLE	Gray	Z.	15 MOTHER'S MAIDENNA Marion	WE		Ros	Senberg
Company of the Manager of the Manage		WAS DECEASED EVER IN U.S.		166 SOCIAL SECL	IRITY NO.	17. INFORMANT	ADDR	ESS		
BALTIMORE, cate be execu- ysician and co ppers. Pages, val.	N	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	579-07-0	382	Betty K. Gra	y (Wife) S	ame as	#13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA ING PHYSICIAN: The law requires that the death certificate after this certificate has been signed by the attending physic st the burial-transit permit. Then please remove carban pape ith and Mental Hygiene priar ta burial, cremation, ar remaval arked at them 18, bows ally injury, ar ather traumatic event, it		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	ISED BY: IATE CAUSE (0) DUE TO, (6)	OR AS A CONSEQUI	ENCE OF	arrist dy	are Tion		BETWEEN	kumate interval Onset and déath
requires to require to require to the region of the region	CERTIFICATION	PART 2. OTHER SIGNIFICAN				NOT RELATED TO THE TERM	AIN AL DISEASE OR CON		N IN PART 1	
nos b	FE C	THE DATE OF OFERATION	170. COM	on or your winer	OT ERMITE	TO TEM OWNED	YES NO	IN CERTIFY YES	ING CAUSES	S OF DEATH?
DF VITAL CLAN: The physicia rifficate that-transit fall Hygie		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH D		21c. HOW INJURY OCCUR				NO L
Anna ding ding ding sis ce purice Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED		OF INJURY	19	211 LOCATION				
VISION The property of the the and kedy	×	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE, I	ARM, ETC }	STREET	CITY OR TO)WN	COUNTY	STATE
TTENDING pital ar o TOR: Afte far use as af Health		22a.l certify that (1) (this he saw the deceased alive above, (1) (wa) (did) (did)	65-1	/ ^	86%	nd that in (m) (see) opinian	death occurred on the d	late and hour	ond from the	that (i) (we) last
by the hoss by the hoss RAI DIREC		226. SIGNATURE	20	Pach	2	DEGRÉE ATTENDING PHYSICIAN 122e. ADDRESS	MEDICAL STA	FF CIAN 🗌	22c. DATE	1-9-86
O HOSP etoined & The Hosele by		Chartiero	L. Ra	atom	~	POBOX O	2636 Sa	lisbu	ry m	1021801
ВР		BURIAL, CREMATION, REMOV (SPECIFY) Burial	08/13,	/86 Geo	orge V	emetery or crematory Tashington Cem			COMMIA	Mary Tand
DHMH - 16 60M 7/84 (VRA 15, 4)	24 1	Tandiscigasch' 4739 Baltimore	Sons Bun Avenue	eral Home Hyattsvil	, P.A le, M	d. 20781 AU	16 1 3 1986	256. REGISTR	Ador -	TURE

AUG 1 3 1986

STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCHENE

)	4	-	4	Ų
100		9		

	1 -	STATE REGISTRAR	DEFARIT	CERTIF	CATE OF DEATH	REG. NO).	! 4	Q
		CEASED NAME OR PRINTING WAITEX	MIDDLE	Had	dock, 57.	8/2Z/86	MONTH E	DAY YEAR	25 HOUR 2:30 AM
	3. SEX	Male	RACE	5. DATE O	8-1918	6. AGE (IN YEARS LAST BIR		IE UNDER I YEAR	IE UNIDER 24 HRS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWE	NEVER MARRIED DO DIVORCED	9. BALTIMORE CITY O Wicomico		OF DEATH	
)		TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING PENINSULA CENERAL PENINSULA CENERAL PROPERTY CONTROL OF STREET A	G HOME O	R OTHER INSTITUTION	120. USUAL OCCUPATION OF OF WORK FOR AOST OF	WORKING IN		MD. F BUSINESS OR
1	13a. S	TATEMY WIL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE IY OM IN MALE OM IN MALE OTHER INSTITUTION, GIVE RESIDENCE BEFORE IN THE INSTITUTION GIVE BEFORE IN THE BEFORE BEFORE BEFORE IN THE INSTITUTION GIVE BEFORE BEFORE BEF		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIF CODE	218	37
)	14. FA	THER'S NAME Walter F	To Haffock		15. MOTHER'S MAIDEN NAME FIRST	E. Ella	ing51	worth	
1	16e. W	VAS DECEASED EVER IN U.S. ARM EP INFORUMKNOWN) (IF YES GIVE	VAR OR DATES) 219-053	RITY NO.	A El/2 L.	Haffork	, Ma	redelo	M
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	lung			8 m	MATE INTERVAL INSET AND DEATH
	TION		ONDITIONS CONTRIBUTING TO D						
	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	
1	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	EY IN ITEM 18 P	ART I OR PART 2)	
	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE FA	IRM, ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		sow the deceased alive and to ve. (1) (we) (did) (did not) The State Area Records The State Area Records	oil) attended the deceased from	, on	, 19 d that in (my) (our) apinion o DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	ote and hour		
		Jan A. RO	extending, N	W .	Jalis 6 x	coy N	y.	/ /	
	23o. B	URIAL CREMATION, REMOVAL	Shuled Ma	IAME OF CI	METERY OR CREMATORY	M3d LOCATION	Tou	COUNTY	M

DHMH - 16 60M 7/84 (VRA 15, 4)

250. DATER 60215



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2	43	è	die 3	- }
Cine		4		
NO				

	{TYP	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 2b HO
	3. SE	Paul	ine I4. RACE	HANDY	August 20, 1986	30
	J. 5E	<u> </u>	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	/ MON	INDERTYEAR IF UNDE
	7a B	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COU	December 06 192	9. BALTIMORE CITY OR COUNTY OF	DEATH
32	Times D	COLINTRY)	115 A	MARRIED NEVER MARRIED	<u> </u>	DEATH
4	10. C	Dalis bury	11. NAME OF HOSPITAL, N	WIDOWED DIVORCED		12b. KIND OF BUSIN
71		Galisbury /	Deer's Head (Center	(TYPE OF WORK FOR MOST OF WORKING LIFF)	INDUSTRY
must be	USU 13a.	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	NTY 13c. CITY O	R TOWN 13d. INSIDE CHY LIMIT		2/8/6
الم	14 5	ATHER'S NAME	icomico Jali	15 MOTHER'S MAIDEN	117/ S. Division	Street
31		FIRST	MIDDLE		MIDDLE	LAST
-	160	VAS DECEASED EVER IN U.S. AI	PMED ECRCESS LIAN SOCIAL	L SECURITY NO. 17, INFORMANT	ADDRESS	12.ey
Je V			IVE WAR OR DATES)	30-8012 Seleva	11 - 1 -	
To A	=	In CAUSE OF DEATH S.			Hanay	APPROXIMATE INTE
ent,		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	ED BY:	(b), and (c).)	0.000	APPROXIMATE INTE
a call		IMMEDIA	ATE CAUSE (a)	assent Ca of	3 (201)	
o F			DUE TO, OR AS A CON	ISECULENCE OF		
5 5		C- 100 10 111	/	SECULINCE OF		
troun		Canditians, if any, which gave rise to immediate	(b)	ASECULINCE OF		
			DUE TO, OR AS A CON			
or other frou		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	ISEOUENCE OF		
	NO	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	ISEOUENCE OF	TERMINAL DISEASE OR CONDITION GIVEN	IN PART Ito
	CATION	gave rise to immediate cause (a), stating the underlying cause lost.	(b)	ISEOUENCE OF	20a. AUTOPSY? 20b. IF YES, W	ERE FINDINGS USE
ows any injury, or other	TIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	(b)	ISEOUENCE OF IG TO DEATH BUT NOT RELATED TO THE	200. AUTOPSY? 20b. IF YES, W. IN CERTIFYIN	ERE FINDINGS USE IG CAUSES OF DEA
ows any injury, or other	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY	ISEOUENCE OF IG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED 214. HOW INJURY OC	200. AUTOPSY? 20b. IF YES, W. IN CERTIFYIN	/ERE FINDINGS USE IG CAUSES OF DEA NO [
18 shows any injury, or other		gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CAUSE OF DE	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 12b. TIME OF INJURY HOUR A.M. MONT	ISEQUENCE OF IG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED H DAY YEAR 216. HOW INJURY OC	200. AUTOPSY? 20b. IF YES, WIN CERTIFYIN	/ERE FINDINGS USE IG CAUSES OF DEA NO [
them 18 shows any injury, or other		gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	(b)	ISEQUENCE OF IG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED H DAY YEAR 19 211. LOCATION	200. AUTOPSY? YES NO PORT NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOT	VERE FINDINGS USE IG CAUSES OF DEA NO [
18 shows any injury, or other	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CAUSE OF	CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONTH	ISEQUENCE OF IG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED H DAY YEAR 19 211. LOCATION	200. AUTOPSY? 20b. IF YES, WIN CERTIFYIN	/ERE FINDINGS USE IG CAUSES OF DEA NO [
them 18 shows any injury, or other		gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CAUSE OF	(b)	ISEQUENCE OF IG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED H DAY YEAR 19 211. HOW INJURY OC STREET	200. AUTOPSY? YES NO PORT NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOT	VERE FINDINGS USE IG CAUSES OF DEA NO [1 OR PART 2)
them 18 shows any injury, or other		gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER. NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE SOW, the deceased alive of the cause of the	CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	ISEQUENCE OF IG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED THE DAY YEAR 19 211. LOCATION STREET Tram 19 19 19 19 19 19 19 19 19 1	200. AUTOPSY? YES NO PORT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	PERE FINDINGS USE IG CAUSES OF DEA NO [1 OR PART 2)
21 is marked or Item 8 shows any injury, or other		gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER. NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE SOW, the deceased alive of the cause of the	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONTI P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C) oital) attended the deceased at yiew the bady after death.	ISEQUENCE OF IG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED H DAY YEAR 19 211. LOCATION SIREET 19 OFFICE, FARM, ETC.) Train 19 DEGREE	200. AUTOPSY? YES NO PORTON NO PART I	PERE FINDINGS USE IG CAUSES OF DEA NO [1 OR PART 2)
Dept. or recriment mental riggene prior to conot, then [8 shows any injury, or other		gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETTHER. NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hasp sow the deceased olive or above, (I) (we) (did) (did not above, (I) (we) (did) (did).	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONTI P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C) oital) attended the deceased at yiew the bady after death.	ISEQUENCE OF IG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED H DAY YEAR 19 211. LOCATION SIREET 19 OFFICE, FARM, ETC.) Train 19 DEGREE	200. AUTOPSY? 200. IF YES, WIN CERTIFYIN YES NO STOWN CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1) CITY OR TOWN Injoin death occurred an the date and hour and	COUNTY Cod from the causes st
Dept. or recriment mental riggene prior to conot, then [8 shows any injury, or other		gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETTHER. NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hasp sow the deceased olive or above, (I) (we) (did) (did not above, (I) (we) (did) (did).	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONTI P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, control) of the deceased on the control of the contr	ISEQUENCE OF IG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED H DAY YEAR 19 211. LOCATION SIREET 19 OFFICE, FARM, ETC.) Train 19 DEGREE	200. AUTOPSY? 200. IF YES, WIN CERTIFYIN YES NO STORM OF TOWN CITY OR TOWN Inion death occurred an the date and hour and NG MEDICAL STAFF	COUNTY Cod from the causes st
Dept. or recriment mental riggene prior to conot, then [8 shows any injury, or other		gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (I) (this hasp sow the deceosed alive or above, (I) (we) (did) (did not 22b. SIGNATURE	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 17b. TIME OF INJURY HOUR A.M. MONTI P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C) oital) attended the deceased at) view the bady after death.	ISEQUENCE OF IG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED H DAY YEAR 19 211. LOCATION SIREET 19 DEGREE ATTENDIN PHYSICIA 22e. ADDRESS	200. AUTOPSY? 200. IF YES, W IN CERTIFYIN YES NO STOWN CITY OR TOWN CITY OR TOWN AND DIRECTOR PHYSICIAN 200. IF YES, W IN CERTIFYIN YES NO STOWN 100. AUTOPSY? 200. IF YES, W IN CERTIFYIN YES NO STOWN 200. AUTOPSY? 200. IF YES, W IN CERTIFYIN YES NO STOWN 200. AUTOPSY? YES NO STOWN 200. IF YES, W IN CERTIFYIN YES NO STOWN 200. AUTOPSY? YES NO STOWN 200. AUTOPSY. YES NO STOWN 200	COUNTY COUNTY
ANT: If them 21 is morked or them 18 shows any injury, or other	MEDICAL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER. NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE SOW the deceosed olive or above. (I) (we) (did) (did not 22b. SIGNATURE	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C) oital) attended the deceased on the control of the body offer death. OR PRINT) On 9 M.D.	ISEQUENCE OF IG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED H DAY YEAR 19 211. LOCATION SIREET 19 DEGREE ATTENDIN PHYSICIA 22e. ADDRESS	200. AUTOPSY? YES NO	COUNTY COUNTY

and the

1 ---

AUGUST 20, 1965

Carl of Transaction

Cestis Head Center

· --- ellowy extra class.

year's year tenner, addressny, go. 2 001

la la decembra de describir de la companión de la la fermación de fermación de fermación de fermación de la fe

AND TEL

	pe	
	γoγ	
	4	
	90	
	a .	
	Pott	-
	p -	5
_	10	ğ
120	5	(
0.21	-	d
N	6	١
3	B	1
A /	-	1
w)	1	
Ö	1	
₹	2	
BAI	5	
12	tific	
Z	Cer	
5	0	
or m	e o	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	÷	
-	tho	
5, 2	ires	
8	edn	
8	3	
1 8	ne lo	
H A	T. T.	
<u>r</u>	IAN Phy	,
Z	SIC	
Sio	PH	
<u>></u>	9 5	
0	PITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the execution of the prime after death. Page 4 may be by the hospital or ottending physician.	
	TEN	
	AAI	
	he o	
	TAL	
	<u>a</u> <u>b</u>	

0

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH 1. DECEASED NAME MONTH YEAR 26 HOUR tor, page 3 ofter death (TYPE OR PRINT) 1512 ORNEr 86 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 21 MRS 3. SEX 5. DATE OF BIRTH MONTH 08 10 9 YRS TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [] WICOMICO 10 CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e.STREET ADDRESS / ZIP CODE oute 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Wolfe LAST 2 Mcs 72 ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) neinnati Ohio 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ŏ troum es 8102e Rars Conditions, if ony, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last burial, ö PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION NERAL DIRECTOR: After this certificaté has been be detached far use as the burial-transit permit. The State Dept. of Health and Mental Hygiene priar t 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 71h TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 ter 214 INJURY OCCURRED ŏ 21e PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) morked WHILE NOT WHILE 80 220.1 certify that (this hospital) offended the deceased from that (we) last saw the deceased alive on due to above, the (we) (did) (did not) view the body after death. and that in (my) (our) opinian death accurred on the date and hour and from the causes stated 21 If Item 226. SIGNATURE DEGREE 22c. DATE SIGNED M. ATTENDING MEDICAL STAFF DIRECTOR TO PHYSICIAN PHYSICIAN IMPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22s ADDRESS FUNE sould be R 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE cmeter DHMH - 16 60M 7/84 (VRA 15, 4)

10-01784 Is his board Kirching IKM amon homes Home House wife Ald Somework American V Rolle 1 James K Kinkpérick Jarah Welfe No SWHENES ROLLY ANDER CINCINNALI SHIP - The state of 12 in the state of the s

80

moy be

filled in by the funeral director, page 3

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2414

REGISTRAR				CERTIF	ICATE OF DEA	In	REG	NO.			
DECEASED NAME	FIRST		DDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	0
	-loren		VI H	urle	.4			8-7	1-1486	17) M
SER		4. RACE		5. DATE C	DAY	YEAR	6 AGE IN YEARS LAS	(BIRTHDAY)	MONTHS DAYS	HOURS 1	J HRS MIN.
Female		White		May	6, 190	8	78	YRS			
a. BIRTHPLACE (STA		76. CITIZEN OF W		MARRIE!	D X NEVER MAR	RIED 🗆	9 BALTIMORE CIT	_	TY OF DEATH		
Delawai		U.S		WIDOWE	DIVOR	CED _	Wicomi				MD.
O. CITY OR TOWN O		(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS	OR OTHER INSTITU	TION	12a. USUAL OCCUP		LIFE) INDUSTRY	F BUSINES	SOR
Salisbur			view Nu		g Home		Homemak	er	Se	lf	
SUAL RESIDENCE II	1 V3b COUR	JTY			13d. INSIDE CITY	LIMITS?	13 STREET ADDRES	SS / ZIP ÇO	DE		
Maryland	porc	chester	Cambri	dge	YES NO		104 Fra	nklir	n Stree	t, 210	613
4 FATHER'S NAME		MIDDLE .	LAST		15. MOTHER'S MA		MIDDI	E	LAS	ST	
Wilian	n E. St	uart			Della de la	Ε.	Betts				
60. WAS DECEASED		E WAR OR DATES!	166 SOCIAL SECT		17 INFORMANT		_	DRED. 2			
No	-	-	221-10-	-7207	Donal	d L.	Rose Br	idger	ville,D	E 19	933
18 CAUSE OF	DEATH (Enter or	ly one cause per l	ne far (a) (b), or	nd (c):1	/ I A		2	1	APPROX BETWEEN	ONSET AND DE	AL EATH
PART I, DEA	TH WAS CAUSE	E CAUSE (a)	nalig	nont	- no dulc	ar a	tym O 40	ma	5	years	5
		DUE TO OR	AS A CONSEQU	ENCE OF			() 1		74	1	
Conditions, if		(ıb)					0		1,000		
gove rise to		DUE TO OR	AS A CONSEOU	ENCE OF					123		
underlying	cause last	(c)									
	SIGNIFICANT	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR C	ONDITION	GIVEN IN PART I	a	
THE CERTIFICATION OF THE CATOON OF THE CATOO											
M DATE OF O	PERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?		YES, WERE FINDII TIFYING CAUSES		1?
Ē							YES NO	<u> </u>	YES	NO 🗌	
	AS UNDERLYING CAUSE OF DE	21b. TIME OF HOUR A.M	INJURY I. MONTH D	AY YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM I	8 PART I OR PART 2)		
S (IF EITHER NOTIF	Y MEDICAL EXAMINE	P. <i>N</i>		19							
21d. INJURY OC		21e PLACE C	F INJURY ET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		CITYO	RTOWN	COUNTY	STA	A.TE
	AT WORK			0	4	- 01	0		61		
		tal) oftended the	A 3 -	C/ pu	4 31	19 06		201		that 🐩 (we	
	eceosed alive on we) (did) (d id ac	t) view the bady o	17	86 0	ed that in (my) (our	r) opinion d	death accuired on th	date ond h	our and from the	causes state	ed
226. SIGNATUR	9	0	11 40 10		DEGREE	. 10 11 10	HEDICAL (TAFF	22c. DATE	SIGNED	
	voul	s C	Acy	-X1.		NDING SICIAN [MEDICAL PHY	STAFF SICIAN [8/	27/	86
22d. PHYSICIAN	I'S NAME (TYPE C	OR PRINT)	11 -	U	22e ADDRESS	QI	11 0	100	1 , 1 ,	2.	101
1110	MHS	G. Hi	11 JR.		Vine	19/1c	A ROGO	130	LIS DUI	241	16,
30 BURIAL, CREMAT	ION, REMOVAL				EMETERY OR CRE		13d. LOCATION	٧	COUNTY	514	AIF
Buria	11 /	Aug30	.1986 E	Brida	eville	Cem.	Bridge	ville	Susse	x. DE	law

202 Laws Street 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 29 1986 PROPERTY OF THE PROPERTY OF

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove corbon papers. Page, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

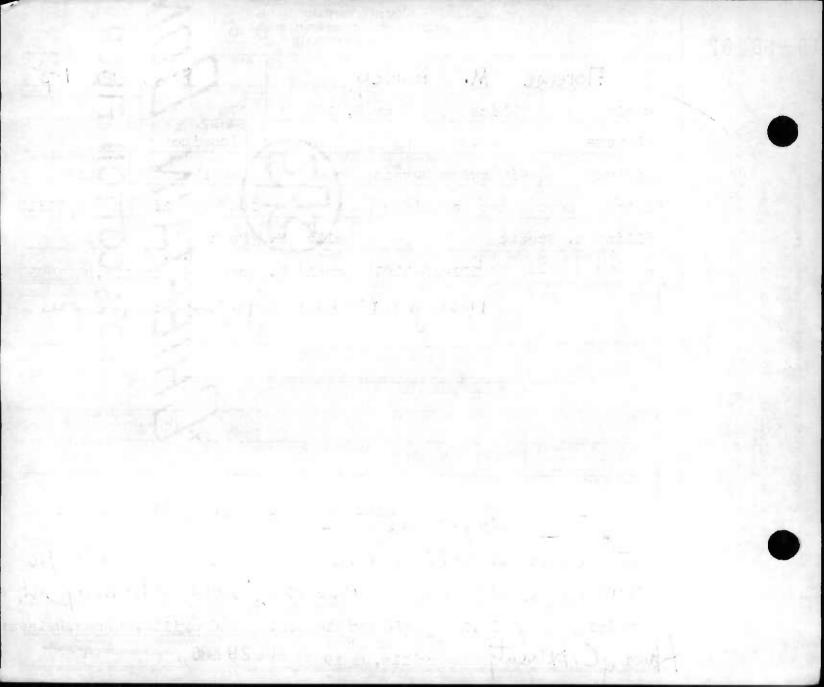
retained by the hospital or attending physician.

TO HOSPITAL

BP.

injury, or other troumatic event,

IMPORTANT: If Item 21 is marked or Item 18 shows ony



9

ST	AT	F	OF	M.	AR	ΥI	AN	ID	
91	~ "		01		MIN		2014	100	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2414	04	-3	3	13	5
	1	64	1	100	100

	1.	REGISTRAR				CERTIF	ICATE OF DEATH	RE	G, NO.		È
		CEASED NAME	.EMST	A	AIDDLE	TI	AST	20. DATE OF DEA	TH MONTH DA	AY YEAR	26 HOUR
	2		GEORG	E W	ILLIAM	John	USON	HUGUS	T 1,1986		11 AM
	3. 5E)	X		4. RACE		5. DATE C		6 AGE (IN YEARS L		IF UNDER I YEAR	IF UNDER 24 MRS
3		MALE	1	NEGRO		08	16 1911	7.4	YRS	ONTHS DAYS	HOURS MIN.
Ź	7a. 81	RTHPLACE (STATEOR)	OREGN	76. CITIZEN OF V	WHAT COUNTR	Y? 8. MARRIE	D NEVER MARRIED	BALTIMORE C Wicomi	ITY OR COUNTY	OF DEATH	
9		MD		U	.S.A.	WIDOWE	D DIVORCED	MICOUIT	CO		MD.
1		alisbury	ATH.		iospital, nur ula Gen		Spital		JPATION MOST OF WORKING (IFE) ORER	INDUSTRY	F BUSINESS OR F-EMPLOYEI
3	13u. 5	MD	13h COUN	OTHER INSTITUTION, ITY RCESTER	GIVE RESIDENCE BEI 13t. CITY OR TO WHALEY	NWC	136. INSIDE CITY LIMITS?	RT.# 1	RESS / ZIP CODE BOX 21	7 2187	72
3	0	WILLIAM		MIDDLE	PITT	S	15 MOTHER'S MAIDEN ! HENNIE		DLE	ĴĈ	DHNSON
0		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		DDRESS		21811
2		10	(IF TES, GIV		216-14	-2852	VIVIAN SMI	TH-BRIDELI	J TOWN,-B	ERLIN,	MARYLAND
1	CERTIFICATION	Conditions, if any, gave rise to impose ids. Information underlying course PART 2 OTHER SIGNATURE OF OPERA	mediate ng the lost	DUE TO, OF	PKY	DUENCE OF O DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR	20b. IF YES, IN CERTIFY	WERE FINDIN	NGS USED
7	10.7	21s. ACCIDENT WAS UNCOMED ON CONTRIBUTING ()	CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	216 HOW INJURY OCC				
	MEDICAL	PHE INJURY OCCUR	est [T]	21e PLACE (OF INJURY EET FACTORY OFFH	CE FARM ETC)	21F LOCATION STREET	city e/	ORTOWN	COUNTY	STATE
1		274 PHYSICIAN'S N	ed olive on, did) (did na	t) view the bady	after death.	82 , ar	nd that in (my) (aur) opini DEGREE ATTENDING PHYSICIAN	MEDICAL _	STAFF		
1	73q. i	BURIAD CHEMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATOR	Y 23d LOCATION		COUNTY	STATE
	_	BURI	AL	8-06-	36	EVERGRE	EN CEMETERY	BERL	IN WORC	ESTER	MD

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

MPORTANT, If hem 21 is m

Jollay's Henrial Chapel Salisbury and

AUG 1 1 1986

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

15URIA

2h HOUR

IF UNDER 24 HRS

NO [

STATE

that (I) (we) lost

ARE LES STELL STEL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and configurely filled in should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and Ashalid be fawith the State Dept. af Health and Mental Hygiene prior to burial, cremotion, or removal.

6 8

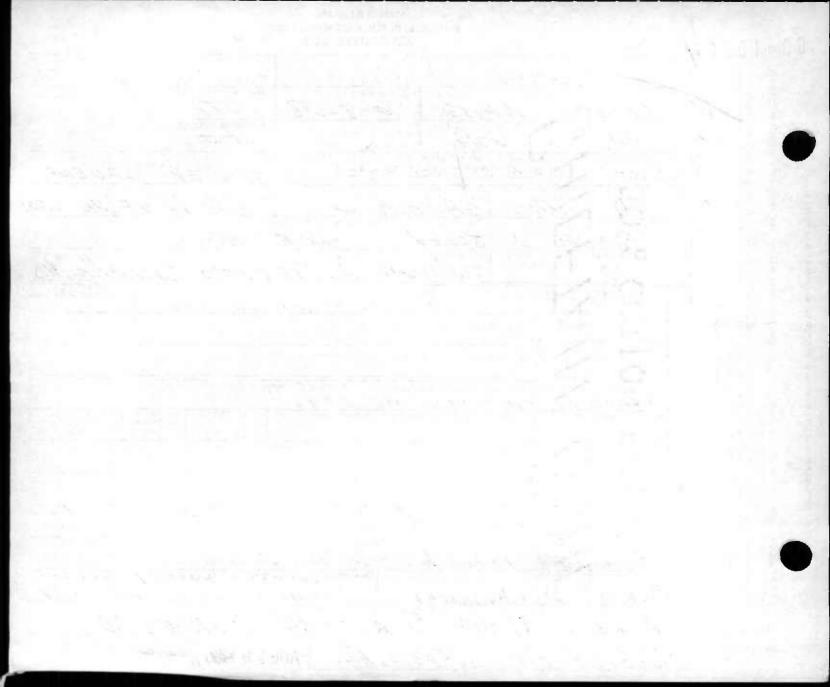
			60	
2	4		4	1
500	-	E		

DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	6	REG. I	2	4		
MIDDLE	Tanes	20. D	ATE OF	DEATH	MONTH	1 DAY	11	YEAR
/	Q 0E	77.	00	101	04 / /	1	V 65	

n 4	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO	2414/
1		CLES	IELAND S.	Jones	AUGUST	MONTH DAY YEAR 26 HOUR 6.58 AM
5	35.76	MALE	4 RACE WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
3		COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED	Wicomico	R COUNTY OF DEATH MD.
Confe	Sa	TY OR TOWN OF DEATH Lisbury	Peninsula Gener		12a. USUAL OCCUPATI	
25	13a. S	STATE MD 13b COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	SBURYES NO [13e.STREET ADDRESS	BLUFF UR 2180
Standard A		SAMUEL	MIDDLE V. JONE	15. MOTHER'S MAIDEN NA	ARD/	LAST
medicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN! (IF YES, GI	RMED FORCES? 16b SOCIAL SECTION (16b SOCIAL SECTION 16b SOCIAL SECTION	HOSE ATIM	MANS	Somo Su, Ho
event, the		PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b), or ED BY: TE CAUSE (o) CONGE	STUE HEART	- FAILUI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or other troumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	IENCE OF		
injury,	NOIL	ASOVA.	DIABETES	MELLITYS	AINAL DISEASE OR CON	
dws only	CERTIFICATION	190. DATE OF OPERATION	1%. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
Item 18 st	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH D	19	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2) /
arkedor	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TO	
n 21 is m		saw the deceased alive a abave, (Wwe) (did) (did	n 8 2/ 19 et) view the bady after death.	, and that in (pry) (aur) opinion	death occurred on the d	
T. F.		276. SIGNATURE Dennis	& Chadnick	DEGREE M. O. ATTENDING PHYSICIAN		IAN
MPORTANT		DENNIS NAME (TYPE	ORPRINT) J. CHADNICK		15 BUR	M Md 2/861
2	23a. E	BURIAL, CREMATION, REMOVA	23b. DATE 23/86 23c	NAME OF CEMETERY OR CREMATORY SUNSET MIS	23d. LOCATION	LIN, COUMD STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

AUG 29 1986



d b MAPORT £

DHMH - 16 60M 7/84 (VRA 15, 4)

13e.STREET ADDRESS / ZIP CODE ADDRESS Minu SERSI PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CARTIFYING CAUSES OF DEATH? NO [] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 20 that the (we) lost and that in (a) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE S/GNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 24 FUNERAL DIRECTOR

STATE OF MARYLAND

2b HOUR

200

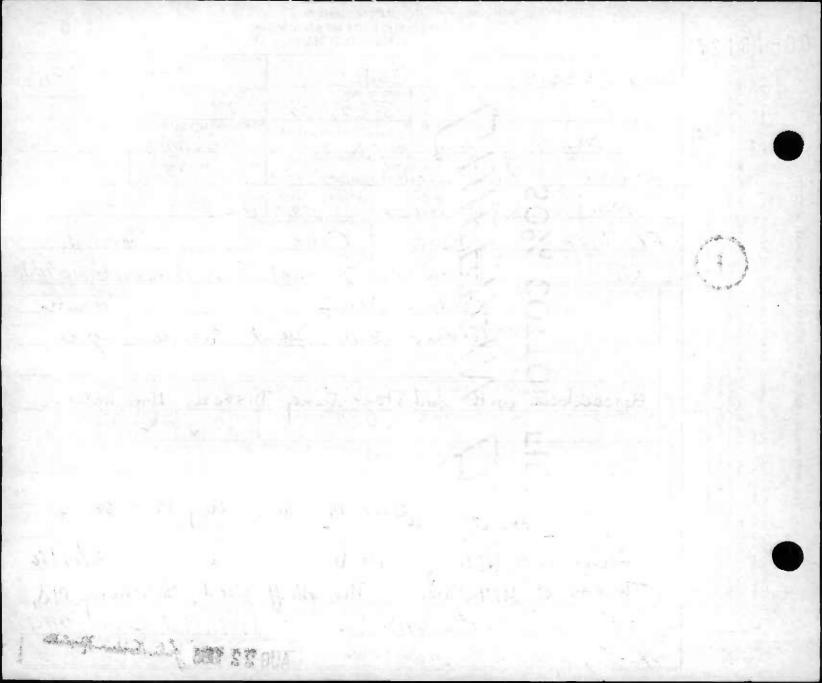
12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

YRS



(VRA 15, 4)

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6	2	4	1	4	9
	REG NO.	11.4	10			

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1.0	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOL
100	THE	DPOLIS 5 JONES			8_25_86 11.
1.58		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF ONDER I YEAR IF UNDER
	m	RIV	MONTH DAY YEAR	826	MONTHS DAYS HOURS
41	IREMPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	1 11 1902	9 BALTIMORE CITY OR CO	INTY OF DEATH
	TRY) md		MARRIED NEVER MARRIED	_	OITT OF BEATH
	ITY OR TOWN OF DEATH	USA	SING HOME OR OTHER INSTITUTION	WTCOMTCO COU	12b. KIND OF BUSIN
1		(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	TTYPE O WORK OR MOST OF WORL	INDUSTRY
-	ALISBURY .	ISALLSBURY N RS OR OTHER INSTITUTION GIVE RESIDENCE BE	ING HOME	KEtiREd	
3a	STATE 136 CO	UNITY 136. OITY OR TO	NAE YES NO THE	HESTREET ADDRESS / ZIP	CODE 4. 1841
Ð.,	ATHER'S NAME	MIDDLE A LAST	15. MOTHER'S MAIDEN N	AME MIDDJE	LAST
	HSbur.	1 JONES	MARI	AdELINE	
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SI	1 11 4 1 1 1 1 1	ADDRESS	,
1	(IF IES	213-14	4615 LICGAN	MARY JAYL	12
	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b),	and (ci.1		APPROXIMATE INT. BETWEEN ONSET AN
	PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a) 57/0	15 8		
	IMMED				
	Canditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF BEMENTIA	2	
	gave rise to immediate				
	cause (a), stating the underlying couse last	DUE TO, OR AS A CONSE			17 117 (3)
		(c) <u>COP</u>			
z	PART Z. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART Tra
4 8	9a DATE OF OPERATION	19h CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS US
J E	DATE OF OFERATION	, , , , condition tok with	C. C	IN	ERTIFYING CAUSES OF DEA
1 5	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Tale HOW INTERVOCATI	RRED (ENTER NATURE OF INJURY IN IT	YES NO
10	OR CONTRIBUTING CAUSE OF	LIGHT A THE PROPERTY.	DAY YEAR	TREE TENTER NATURE OF INJURY IN IT	CM IS PART I ORPART 2)
MEDICA	(IF EITHER NOTIFY MEDICAL EXAMI	VER) P.M.	19		
AED A	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFI	CE FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY
1	NOT WHILE		7/0 0	7 8/1	(C)
		pital) attended the deceased fra			, 19, that (1)
1	saw the deceased alive	not view the boody after death,	and that in (my) (aur) apinio	n death occurred on the date an	d hour and from the couses s
	27h SIGNATURE	1///	DEGREE		Th. DATE SIGNED
	Whillie	Motion	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8/25/01
1	228. PHYSICIAN'S NAME (TYP		22e ADDRESS	DIRECTOR CO FITTSICIAN	1 /04
	DR. WILLIAM R		CIVIC AVE &	RT. 50, SALISE	BURY. MD. 218
00					,
73a.	BURIAL, CREMATION, REMOV.	236. DATE 86 2	31. NAME OF CEMETERY OR CREMATORY	CITY/OR TOWN	COUNTY
-	DURIAL	0-20-06	St PAUL CEMBER	/ / / / / / / / / / / / / / / / / / / /	SIMERSET
17	LINERAL DIRECTOR	ADDRE	150 D 4 2 250. D	SFP 4 1006	EGISTRAR'S SIGNATURE
/1 0//	1 1 11/20	1 - V	13 A 11 17 Chang	ULI 4 TUNK	Towns of the State of the State of

1)

FOR

erol directo hours ofter death. Page ending physicion and corbon popers. Pages TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. offending physicion

injury, or other troumotic event, the medical

(ell 18 shaws ony

IMPORTANT: If Item 21 is morked or

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

8	6	La	4	ŧ	2	9
	REG. N	10.				3
	E OF DEATH	MONTH	DAY	YEAR	2b	HOUR
11	11/1/1/1/	-14	19	86	12	1/2/

1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		3
	CEASED NAME E OR PRINT)	Marie		MIDDLE	Kil K/Z	deg DEP	AUGUST 34	1986	26 HOUR 2030M
3. SE	X		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
F	emale		White		4	- 11 - 15	71 YR	RS.	
	RTHPLACE TATE OR F	OREIGN	16 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
Sp	okane Wash	inato	n U.S	S.A.	WIDOWE		Wicomico		MD.
	ITY OR TOWN OF DEA		11. NAME OF H	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		BUSINESS OR
Sa	lisbury	13.5	Penins	ula Gener	al Ho	spital	Housewife .	NG LIFE) INDUSTRY	
130. 5	AL RESIDENCE (IF NURS STATE aryland	136 COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Salisbury		13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS / ZIP C	Ave. 2/	80/
4. F.A	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		
M	Villiam		MIDDLE	Hill		Winefred	WIDDLE	Hill LAST	
	WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
(YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	217-42-10)55	Patrick Kilded	1300 Frederick	Ave. Salis	sbury Md
NOI	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	nediote ig the lost.	DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	,
CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED		FYES, WERE FINDING ERTIFYING CAUSES O YES [
	210. ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEA	1	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	(18 PART) OR PART 2)	
MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO	ILE 🗍	21e PLACE	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) sow the decease obove, (1) (web = 22b. SIGNATUR	ed olive on	8	- 23 19 8		DEGREE ATTENDING	deoth occurred on the date and MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the co	
	22d. PHYSICIAN'S NA	1mEs	RPRINT) 1. (23b. DATE	PLIFFORK 123C. N		122e ADDRESS MEDICAL EMETERY OR CREMATORY	CENTER ST	ALISBURY	Mo
-	(SPECIFY)		00/01	101			CITY OR TOWN	COUNTY	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Removal 08/24/86 George University Medical School

24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

HOLLOWAY FUNERAL HOME SNOW HILL Rd SALISBURY MG

House my to define the throughout a contact of

				STATE OF MARYLAND		
6837		FOR STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	4 5
m 4		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
page 3		Burl	Μ.	LAIRD	August 29	1986 1209 M
od .	3. SEX		I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1	LF	remole	Caucasian	4 23 1899	87 YRS	
191		RTHPLACE (STATE OR FOREIGN 7	L CITIZEN OF WHAT COUNTRY	? B. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
(2)		Md	U.S.	WIDOWED DIVORCED		MD.
30/	" CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
7	Sa	lisbury	Peninsula Gene		Howevife.	MADOSIKI
A	05U/ 13a. S	AL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	DRE ADMISSION) WN 13d INSIDE CITY LIMITS		DDE 11979
0/2			erset Kr Hr	ne YES NO 2	Koute 3	4000
191	P) FA	THER'S NAME FIRST M	NIDDLE A LAST	15. MOTHER'S MAIDEN	NAME MIDDLE	A LAST,
1/10	/	Thomas H	. Benne	H Mary	1sabel	Parhiell
000		VAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b. SOCIAL SEG	CURITY NO. 17 INFORMANT	ADDRESS	0 4
e e		No	220-00	1-0179 Ma Clift	ford Laird Kt3	Pr Ame, Md
t, th		18. CAUSE OF DEATH (Enter only	y one couse per line for (o), (b),	and (c).)	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event, t		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE (D) Cardio	sulmonay are	11	
			DUE TO, OR AS A CONSEQ	UERICE OF		
emation, or er troumotic		Conditions, if any, which	((b) Xlf			
er fr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A SONSEQ	UENCE OF	1-0201	
ol, cr		underlying couse lost.	10 lowe	e gostroutest	was bleed	
-= 0		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TI	ERMINAL DISEASE OR CONDITION	GIVEN IN PART TIO
injury,	CERTIFICATION	arrutk	reated.	with Aller h	ugh dose med	usone.
ne prior	S A	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY 206 IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
Siene	E	8/24/86	maxwell	weight bleed	YES NO NO	YES NO
Hygie 18 sh	C. R.	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM	8 PART OR PART 2)
Item 18	SAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
2 6	MEDICAL	214 INJURY OCCURRED	71e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
marked	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	(, FARM, EIC)	01	
mai		22a.1 certify that (I) (this hospite	of project the deceased from	8/24 , 19 8	6 , to 8/29	
21 is		saw the deceased alive an-	8/28 10	V/L	ion death occurred on the date and h	nour and from the causes stated
Hem		obove, (I) (we) (did) (did) int	body offer death.	DEGREE		771. DATE SIGNED
- -		Walte (Winder le		MEDICAL STAFF DIRECTOR PHYSICIAN	8/19/81
Stor AN		22d. PHYSICIAN'S NAME (TYPE OR	PRINT	27e ADDRESS	DIKECTOK PHYSICIAN	1000
with the State		1/1/101	f. Lisolan	el (M)		
M M M	20	WALLER	Lisevia	NAME OF COMPTENTION	ny Indianocation	
	23a E	BURIAL, CREMATION, REMOVAL	23b DATE 23	NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION CITY OR JOWN	COUNTY
_	24.5	Burial	Hug S1, 1966	It Peters Cemeter	y Oriole	Jomerset Md
50M 7/84	24 FI	UNERAL DIRECTOR	ADDRESS	250.	DATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
5, 4)		Jams a Hun	mand of	anne med	OLI U MAN	
	7	//		,		

•	DIVISION OF VITAL RECORDS, 201 W. PRESTON 5T., BALTIMORE, MARYCAND 21301
O HOSPITAL OF ATTEN	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed 400 to 24 hpd s after retained by the happital or attending physician.
TO FUNERAL DIFECTOR should be detected forwarth the Store Dept. of H	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and completely Lilled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages, and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, as removal.
MPORTANT, If Item 21 is	IMPORTANT: If them 21 is marked on them 15 shows any injury, or other traumatic event, the medical examines made nother

(14	ECEASED NAME FIRST PE OR PRINT) Done		ang	Aug	gust 18, 1986	Sp M
3. S		4. RACE	Dec. 13 1906	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOUR	RS MIN.
2	male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	White 76. CITIZEN OF WHAT COUNTRY: USA		79 9. BALTIMORE CITY OF Wicomico	R COUNTY OF DEATH	MD
/ III.	alisbury I	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE er's Head Cente	NG HOME OR OTHER INSTITUTION T ADDRESS)	120 USUAL OCCUPATIO	F WORKING LIFE) INDUSTRY	INESS OR
5 13a. M	STATE 136 COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY I3. CITY OR TOV CCESTER POCOMO MIDDLE LAST Land	VN 13d. INSIDE CITY LIMITS?		eenth Street	
1	WAS DECEASED EVER IN U.S. A		URITY NO. 17. INFORMANT	ADDRE Sourteenth		omoke yland
	THE RELIGIOUS OF BEATTIES	only one cause per line for (a), (b), a	ad tell		APPROXIMATE II BETWEEN ONSET	NTERVAL
	PART I. DEATH WAS CAU! IMMEDI Conditions, if any, which	SED BY	oma of lung & Metas	tasis to Bor		ANDDEATH
z	Canditians, if any, which gave rise to immediate cause (a), storing the underlying cause lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	oma of lung & Metas DENCE OF		ne	AND DEATH
D THECATION	Canditians, if any, which gave rise to immediate cause (a), storing the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	oma of lung & Metast		DITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DI	JSED
CERTIFIC	PART I. DEATH WAS CAU: IMMEDI Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER, NOTIFY MEDICAL EXAMIN	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH ATERNATION AND AND AND AND AND AND AND AND AND AN	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19	INAL DISEASE OR CONE 200 AUTOPSY? YES \(\text{YES} \) NO \(\text{XE} \)	DITION GIVEN IN PART ITO 20b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF D YES \(\sum_ \) NC	USED EATH?
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSED IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH ATTH HOUR A.M. MONTH C	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCURE 19 21f. LOCATION	INAL DISEASE OR CONE 200 AUTOPSY? YES \(\text{YES} \) NO \(\text{XE} \)	DITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF D YES \(\subseteq NC RY IN ITEM 18. PART 1 OR PART 2)	USED EATH?
CERTIFIC	PART I. DEATH WAS CAU: IMMEDI Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (JEETHER, NOTHER MORK 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a1 certify that (1) (this hose sow they deceded alive of	DUE TO, OR AS A CONSEQUENCE TO TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE	DENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET and that in (my) (my) opinion of	VINAL DISEASE OR CONE 200 AUTOPSY? YES NO	DITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS U IN CERTIFYING CAUSES OF DI YES NC RY IN ITEM 18 PART 1 ORPART 2) WN COUNTY 19 1, that g	STATE STATE
CERTIFIC	PART I. DEATH WAS CAU: IMMEDI Conditions, if any, which gave rise to immediate cause (a), stofing the underlying cause lost: PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C [IFEITHER, NOTIFY MEDICAL EXAMINATION 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 22d-1 certify that (1) (this has sow the deceded alive of above, (1) (we) Idial) (did 22b. SIGNATURE	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DE P.M. 216. PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFICE. 119 CONDITION OFFICE. 210. TIME OF INJURY 1AT HOME. STREET, FACTORY, OFFICE. 210. TIME OF INJURY 1AT HOME. STREET, FACTORY, OFFICE.	DENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 21f. LOCATION STREET DEGREE ATTENDING PHYSICIAN	VINAL DISEASE OR CONE 200 AUTOPSY? YES NO	DITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DIVES NO RY IN ITEM 18 PART 1 OR PART 2) WIN COUNTY 19 1, that 10 part 1 or 14 part 1 or 14 part 1 or 14 part 1 or 15 part 2) 21c. DATE SIGN FF 1 22c. DATE SIGN	STATE STATE
CERTIFIC	PART I. DEATH WAS CAU: IMMEDI Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (JEETHER, NOTHER MORK 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a1 certify that (1) (this hose sow they deceded alive of	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DE P.M. 216. PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFICE. 119 CONDITION OFFICE. 210. TIME OF INJURY 1AT HOME. STREET, FACTORY, OFFICE. 210. TIME OF INJURY 1AT HOME. STREET, FACTORY, OFFICE.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 21f. LOCATION STREET DEGREE ATTENDING PHYSICIAN 226 ADDRESS	TINAL DISEASE OR COND 200 AUTOPSY? YES NO NO NO NO NO NO	DITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF DIVES NO RY IN ITEM 18 PART 1 OR PART 2) WIN COUNTY 19 1, that 10 part 1 or 14 part 1 or 14 part 1 or 14 part 1 or 15 part 2) 21c. DATE SIGN FF 1 22c. DATE SIGN	STATE STATE STATE B Co lost s stated ED

entro-IV

AHS 4 BHA

3		-1)	á
	ILOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	the haspital ar attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 C.J. etached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1-	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYC ICATE OF DEATH	GIENB 6	REG. NO.	4 !	3 0
4		EASED NAME FIRST		MIDDLE		LAST	20 DATE OF	DEATH MONTH	DAY YEAR	2b HOUR
	(TYPE	Bertha	Mathi	ilda		LANGE	Augu	1st 11.1	986.	0540 M
	3. SEX		4. RACE		5. DATE C	OF BIRTH		ARS LAST BIRTHDAY)	IF UNDER I YEAR	
4	Fe	emale	Caucasiar	1	Novemb	per 22, 1896		89 YR	MONTHS DATS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMOR	E CITY OR COU		
	Lum	ZOW, GERMANY	USA		WIDOWE		Wicom	ico		MD.
1	10 CIT	TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	12a USUAL O	CCUPATION		OF BUSINESS OR
	Sa	lisbury		HEACILITY, GIVE STREET.		spital		Assembly L		nerv
1	USUA	L RESIDENCE (IF NURSING HOME	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					CACICIC
1	13a. S		sex	13c. CITY OR TOW Lewes	N	13d. INSIDE CITY LIMITS? YES X NO		DDRESS / ZIP CO		1999
		THER'S NAME	367	Lewes		15. MOTHER'S MAIDEN NA		ngs Highwa	y <u>1995</u>	8
-	3	FIRST	MIDDLE	LAST		FIRST		WIDDLE	LA	151
-	16- 14	Ludwig		hke	DITY NO	Augusta 17 INFORMANT		ADDRESS	Kruger	
7		ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)							
)		No N/	А	222-038-0	542	Ervin H. Lange	(Son) 6	l8 Kings H		wes, DE
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OF	r as a conseque		Intracer	ebsl	hemon	hay :	3 WKS
2	MEDICAL CERTIFIC	PART 2 OTHER SIGNIFICANT THE DATE OF OPERATION THE ACCOUNT WAS UNDERTYRE OR CONTRIBUTION CAUSE OF DESTRUCTION THE INJURY OCCURRED THE INJURY OCCURRED SOW the deceosed olive or obove, (I) (w)e) (did) (did not	The CONDITION OF THE PLACE (AT HOME, 19)	TION FOR WHICH FINJURY M. MONTH DA M. MONTH DA THACTOR OFFER F	OPERATION TEAR 19	THE LOCATION 19 nd that in (my) (our) opinion DEGREE ATTENDING	YES DEPOSITE NAME AND A SECURITY OF THE SECURI	20b IF	YES, WERE FINDI RTIFYING CAUSES YES TO THE TOTAL THE TOTAL TO THE TOTA	INGS USED S OF DEATH? NO
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		+					

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE

231. NAME OF CEMETERY OR CREMATORY

mo

Burial

Aug. 14, 1986

Epworth Methodist Cemetery

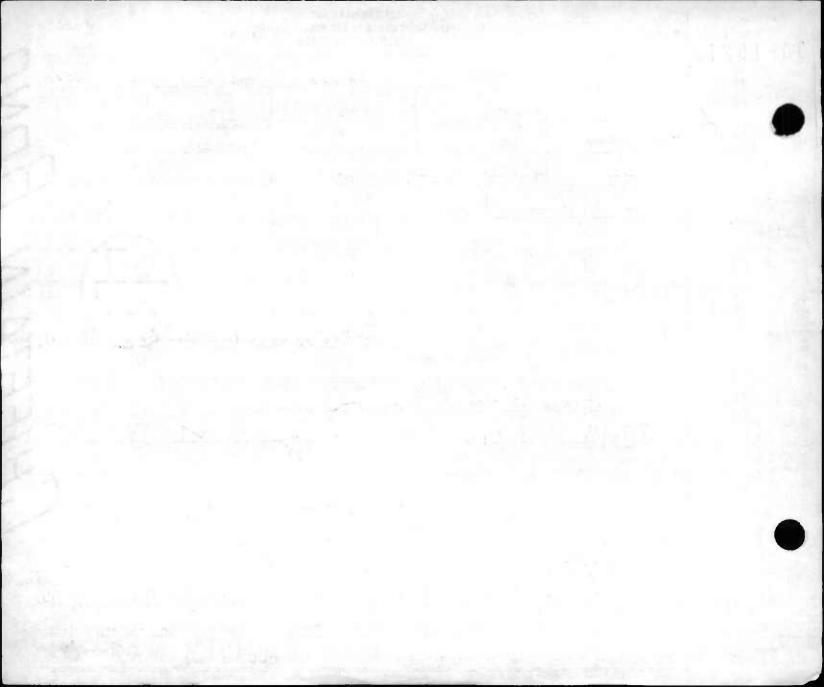
23d. LOCATION / Rehoboth Beach, Sussex, Delaware

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

Marvel-Short Funeral Home, Delmar, Delaware

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTEN	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 14 hours after etained by the haspital ar attending physician.
O FUNERAL DIRECTOR hould be detached for unit the State Dept. of Ma	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages and 2 should be free with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

funeral director, page 3 thin 72 hours after death

medicalle

the

njury, ar ather traumatic event,

MPORTANT: If Item 21 is morked ar Item 18 shaws

Burial

1 -	FOR STATE			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 6	2.	4 1 2	5
	REGISTRAR							REG. NO.		
	CEASED NAME	FIRST	٨	AIDDLE	1.7	AST	20. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
		John	n H.	LE	CATES		August	8, 1986		(0-3- AM
3. SE	X .		RACE	150	5. DATE O		6. AGE (IN YEA		IF UNDER 1 YEAR	
	Male		Whit		May (7, 1916 YEAR	70	YRS		HOURS MIN.
	RTHPLACE (STATE OF FO			WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORI	ECITY OR COUN	TY OF DEATH	
Se	aford, Dela	ware	U.S.A.		WIDOWE		Wicon	mi co		MD.
10. CI	TY OR TOWN OF DEA	TH 1		OSPITAL, NURSIN	IG HOME O	R OTHER INSTITUTION	12a, USUAL OC	CCUPATION	12b. KIND (OF BUSINESS OR
Sa	alisbury			Head Cen			Refire	d Truck I	Driver	
USU	AL RESIDENCE (IF NURSI		THER INSTITUTION,		E ADMISSION)	136 INSIDE CITY LIMITS?	13ª STREET AT	DRESS / ZIP CO	Circle	21801
_	THER'S NAME					15. MOTHER'S MAIDEN NA				
Н	lerbert erbert	Baxte	SL	LeCates .		Lenora			nknown)′	
16a, V	VAS DECEASED EVER (YES., NO OR UNKNOWN) YES	(IF YES, GIVE		566-10-		1230 Lochwo	nneth R.	LeCates, e, Salisbu	, Sr. (Soi	n) 21801
NOI	Conditions, if any, gove rise to imm couse (0), stating underlying couse	which nediote g the last.	CAUSE (o) DUE TO, OF (b) DUE TO, OF	R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERA	DAOS /		GIVEN IN PART 1	(0)
CAT	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP	SY? 20b. IF Y	YES, WERE FIND	INGS USED S OF DEATH?
TE							YES 🗌	4./	YES 🗌	NO 🗌
MEDICAL CERTIFICATION	710. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTERNATU	IRE OF INJURY IN ITEM I	8 PART I OR PART 2)	
MEDI	WHILE NOT WHAT WORK	ILE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC }	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) saw the decease above, (1) (we) (d 22b. SIGNATURE	d alive an_	8-1	19_		nd that in (my) (our) opinion DEGREE ATTENDING	MEDICAL	STAFF 2	our and from the	, that (I) (we) lost e couses stated
	22d. PHYSICIAN'S NA	AAE (MOS OO)	OU U	/	- //	PHYSICIAN	DIRECTOR _	PHYSICIAN 4	0	000
	Kyung Oo					Deer's Head	Center,	Salisbu	ry, Md.	21801
23a. E	BURIAL, CREMATION,		236 DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCAT			
	(SPECIFY) Burial		08/11/			n Cemetery		Hill, Wor	cester,	Maryland

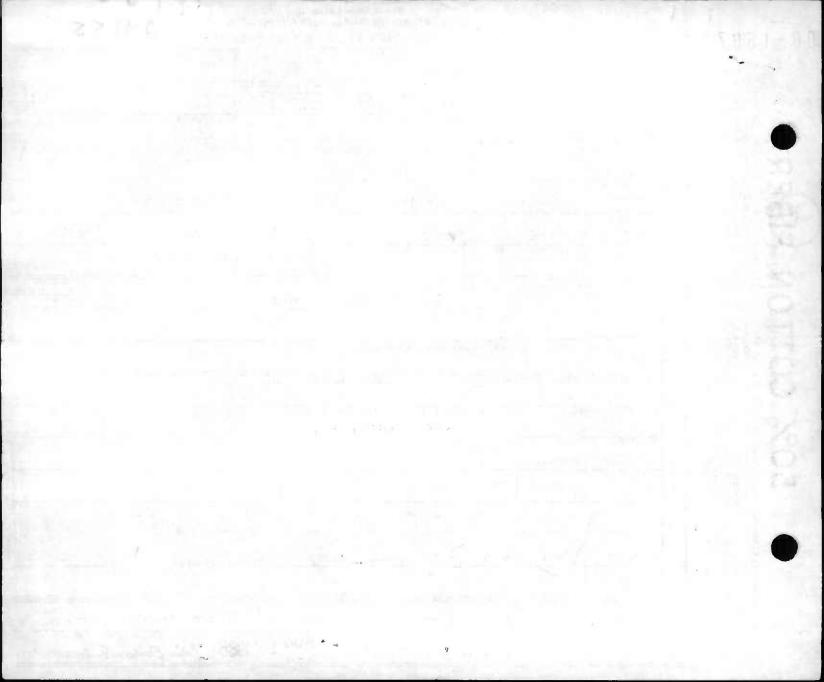
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ma Davidoor- Jonnaille

AUG 1 3 1986

2		I	tems, 1 FOR Exam.	8a.,19	19,/Gbj	by Medst.	HEALT	AND MENTAL	YGIENE A	b 24155
0 - 1	5677	1.05		/25/86	MEI	MIDDLE	NER'S	CERTIFICATE C	MEO. I	3 41100
e-			CEASED NAME PE OR PRINT)	CHRIST	I'OPHER	James	Т	EWIS	20 DATE KNOWN SOF ESTI- DEATH MATED [MONTH DAY YEAR 25 HOUR 8 15 19 86 M
	S NEGSSARY, PLEASE F FUNERAL DIRECTOR. E S FOR YOUR FILES. E), WITHIN 72 HOURS WW PRESION STREET,	3 SE	Male 4. R	White	5. DATE OF BIRTH	YEAR 6. AGE (IN	YEARS IF U	NDER 1 YR. IF UNDER	R 24 HRS. 2c. DATE MIN PRONOUNCED DEAD	MONTH DAY YEAR 24 HOUR 3:15 PM
•	AEGESSA DNERAL FOR Y WITH IN	FC	IRTHPLACE (STATE DREIGN COUNTRY) lisbury, M		76. CITIZEN OF WE			IED NEVER MARR	RIEDX	OR COUNTY OF DEATH
ne ne	ZEOES/	10. C	alisbury	DEATH	NAME OF HOS (IF NOT IN SUCH FAI Penins	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS Ula Genera	l Hos		120 USUAL OCCUPATION (TY) FOR MOST OF WORKING LIFE)	1112
N.	AND 3	USU, 13a. S	AL RESIDENCE (FIN Maryland	NURSING NOME OR WICO	OTHER INSTITUTION GR	13cCITY OR TOWN Willards	SION)	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 217 Bethel R	oad 21874
BY 3	SATH.	14. F.	Joby	Ne	middle eil	Lewis		15. MOTHER'S MAID Stephanie	E Lynn	Abbott
ALTIMO	HOURS AFTER DEATH. M 18. GIVE PAGES 1, NG WITH FORM, PM KMIT. PAGES 1 AND KINE, DIVISION OF VITA		VAS DECEASED EV ES, NO, OR UNKNOWN)			16b. SOCIAL SECUR	ITY NO.	Joby Nei Same as	l Lewis (Father) #13e	S
, 201 W. PRESTON ST.,	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DE RD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE HHE MEDICAL EXAMINER ALONG WITH FORM. USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 ALOF HEALTH AND MENTAL HYGIENE, DIVISION OF RIAL, CREMATION, OR REMOVAL.		Conditians,	I WAS CAUSED IMMEDIATE if ony, which to immediate ting the under-	BY: E CAUSE (o) DUE TO, OR (b)	for (o), (b), ond (c).) Pulmonar AS A CONSEQUENCE AS A CONSEQUENCE	E OF	smaturít	У	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECORDS,	WILD BE EXECUTED IN PENDING! FOR A POLICAL SED AS A BU A PALTH AN AL, CREMAT	CATION	PART 2 OTHER SIGNIF			IUT NOT RELATED TO THE TE		E OR CONDITION GIVEN IN PA	ART 1 (a.).	20 AUTOPSY?
DIVISION OF VITAL	RTIFICATE SHO NG THE WORD D TO THE CHI SHOULD BE US EPARTMENT OF PRIOR TO BURIL	MEDICAL CERTIFICATION	21a EXTERNAL C UNDERLYING CONTRIBUTING 21d. INJURY OCC	OR CAUSE OF DI	EATH P.M. 21e PLACE C	MONTH DAY YE. 19 PFINJURY (ATHOME,	21f. LC	CATION	ED (ENTER NATURE OF INJURY IN ITEM 18	YES NO SPARTIOR PART 2)
PIV	E, WRITI WARDE PAGE 3 STATE D , 21201	¥	WHILE AT WORK			ORY, FARM, ETC.}		STREET	CITY OR TOWN	COUNTY STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PRAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BAUTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		ACTUAL SIGNATURE	Noturo Naturo	M. Dixon	7	Autop hoicide	Hamicide	n Inquiry, on Undetermined monner	DATE 8-16-86 SIGNED 21201
07/84	PAGE AFTE	23a.B	(TYPE OR PRINT) URIAL, CREMATION BURIAL BURIAL	N, REMOVAL 23		23c. NAME OF C		metery	23d LOCATION Willards Wicon	mico Maryland
25M	DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIRECTOR	uneral H	ome, P.A.	, Salisbury,		J2Sa DATE	REC'D. BY REGISTRAR 256 REG	DISTRAR'S SIGNATURE



						STAT	E OF MARYLAND					
5468	1-	FOR STATE REGISTRAR			DEF		FICATE OF DEA		IENS 6	2 4	1 1	50
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
poge 3			illian		Edna	1	EW15		AU605	T	1 1986	1200 M
od 1	3. SE.	×	4	. RACE		5. DATE	OF BIRTH	WEAD	6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	
s of	Pei	nale	F0.5	Whi	te		mber 31 l	917	68	YRS.	MONTHS! GATS	MIN.
n 77 dir	9 0	RTHPLACE (STATE OR FI COUNTRY) Maryland	OREIGN 7	D CITIZEN OF	WHAT COUN	MARRIE WIDOW	ED NEVER MARE	RIED T	9 BALTIMORE CITY 9 Wicomico	OR COUNTY	OF DEATH	MD
by the to	10. € Sa	TY OR TOWN OF DEA		Penins	ula Ge	neral Ho	or other institut		12a USUAL OCCUPAT [TYPE OF WORK FOR MOST Salesperso	OF WORKING LI	E) INDUSTRY	OF BUSINESS OR
filled in hould be	De.	AL RESIDENCE (IF NURSI STATE Laware	136 COUNT	OTHER INSTITUTION TY CX	136. CITY OF Mil	e before admission) R TOWN 1sboro	YES X NO		13e.STREET ADDRESS Brandywine	/ ZIP CODI	ge, 9	99999
Completely 1 and 2 sh	14. FA	John	м	IDDLE		ockley	15. MOTHER'S MA ELS		WIDDLE		Timh	nons
and co		VAS DECEASED EVER		WAR OR DATES)		SECURITY NO.	17. INFORMANT		ADDR			
S. Po		yes, no or unknown) No			219-0	5-9284	Donald	Lewis	s, Marcy, N	ew You		OXIMATE INTERVAL N ONSET AND DEATH
ed by the ottending leose remove corbo riol, cremotion, or ri or other troumotics		Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	nediate g the lost.	(b) DUE TO, C	PNE DR AS A CON	SEQUENCE OF	id					
r. Then p or to bur	NOIL								IN AL DISEASE OR COM			
thos been it permit.	CERTIFICATION	190 DATE OF OPERAT				VHICH OPERATION	ON WAS PERFORME		YES NO	IN CERTII	s 🗌	S OF DEATH?
certificate inial-transifiental Hygi frem 18 sh		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT			H DAY YEAR	21¢ HOW INJURY	Y OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18	PART 1 OR PART 2)	
olth ond M	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR			OF INJURY TREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
MPORTANT: If them 21 is mo		27a. I certify that (I) sow the decease obove, (I) (we) (d 27b. SIGNATURE	d olive on lid) (did not)				DEGREE ATTER	opinion o	MEDICAL STA	date and hou	ir and from th	, that (I) (we) lost the couses stated
O de M		Burial, cremation,		Augus	t 14.		Shopville		23d LOCATION CITY OF TOWN Bishopvil	le Wo	county	er MD

DHMH -)6 60M 7/84 (VRA 15, 4)

AUG 15 1988 your Dand

Bishopville Worcester MIL

250. DATE REC'D. BY REGISTRAR 23b. REGISTRAR'S SIGNATURE

AND TO SEE STRUCK OF STRUCK

requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

24 hours ofter

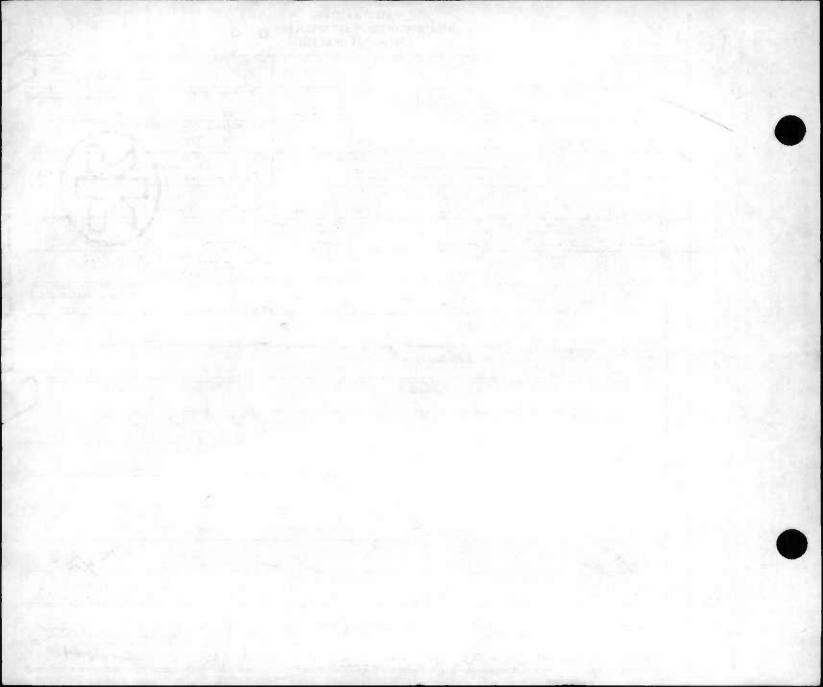
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 4

5 1	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	4 1 3 /
	ECEASED NAME FIRST PE OF PRINT) EISTE LO	MIDDLE		LAST	20. DATE OF DEATH MONTH	22 8 6 7:55 P.
3 SI		RACE	5 DATE	OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	F BIRTHPLACE (STATE OR FOREIGN 71 COUNTRY) U.S.A. Delaware	White CITIZEN OF WHAT COUNTRY? U.S.A	8. MARRII WIDOW	29 1899 ED NEVER MARRIED DIVORCED DI	9 BALTIMORE CITY OR COUN WICOMICO	
	SALISBURY	NAME OF HOSPITAL, NURSIN SALISBURY GRESTERS	SING I	HOME	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Seamstress	12b. KIND OF BUSINESS OR INDUSTRY Watson Shirt
5 130.	JAL RESIDENCE (IF NURSING OME OR O STATE 131 SOOT) Maryland Wice	THER INSTITUTION GIVE REPORTED ENCE BEFORE THE STATE OF TOWN THE STATE OF THE STA	E ADMISSION)	YES NO X	13e STREET ADDRESS / ZIP CO McGrath Road	
0	Eleazer Gord			15. MOTHER'S MAIDEN NAME FIRST	Augusta	Ward
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES GIVE	ÉD FORCES? NAR OR DATES) 213-24 -		IT INFORMANT Ma	rvin Lokey 1772	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		Tens	hear)	arliera	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	Belle ENCE OF	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (GIVEN IN PART 10
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED		YES, WERE FINDINGS USED ITIFYING CAUSES OF DEATH? YES NO NO
1. 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM I	B PART I OR PART 2)
MEDICAL	21d. INJURY OCCURED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	27a.1 certify that (1) (this hospital sow the deceased alive on above, (1) (we) (did) (did not)	19 -	86 %		deoth occurred on the date and h	4
	WA Chu	3			MEDICAL STAFF DIRECTOR PHYSICIAN	St S Re
	DR. ROBINS					BURY, 10. 21801
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			CEMETERY OR CREMATORY ellows Cemeter		sex Delawar
24 6	FUNERAL DIRECTOR Holloway Funera	I Home P.A. Sal	isbury	Maryland All	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



certificate be

the deoth

thot

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires retained by the haspital or attending physicion.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

100	_	59	10	1-	FOR STATE REGISTRAL
0		0 0	10		REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 CERTIFICATE OF DEATH

13	A	-	5	8
ha	4	1	~	- 1

- 1	LDECE	ASED NAME	FIRST	· ·	MIDDLE	(AS)	T			EDEATH	MONTH	DAY	YEAR	2b. HOI	JR.
	TYPE OR		THO		WIDDLE				2a DATE C	I DEATH			TEAR	20. HO	
	,		MERVIN	MA	ANLEY	LOWM	IAN		L	July	29,	1986		12	
	3. SEX			4. RACE		5. DATE OF	BIRTH	YEAR	6 AGE (IN	YEARS LAST B	IRTHDAY)	MONTHS	ER I YEAR	IF UNDER	
I	Mal	e		White		Dec.	25	1908	77		YRS				
ſ		HPLACE (ST	TATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER A	MARRIED -	9 BALTIM	ORE CITY	OR COUN	TY OF DI	EATH		
1			luffs.Ia			WIDOWED	O DI	VORCED [omico					
0	10. CITY	OR TOWN	OF DEATH		HOSPITAL, NURSIN		OTHER INST	TITUTION	12a USUA		OF WORKING	12b	KIND OF	BUSIN	ESS
1		isbury		Airport	Road Rt.	. 4					oln M			ito	Ag
	USUAL 130 STA	RESIDENCE	13b COL	OR OTHER INSTITUTION	13t. CITY OR TOW		3d INSIDE C	ITY LIMITS?	13e.STREET	ADDRESS	/ ZIP CO	DE			
10	Md.			mico	Salisbur	су	YES 🗌	NO 🛣	Airpo		d. Rt		21801		
	14. FATE	HER'S NAME		WIDDLE	LAST	1:	5. MOTHER'S	S MAIDEN NA	ME	MIDDLE			LAST		
1	J	John _		W.	Lowman		В.	lanch					Robe	ev.	
1	160 WA			RMED FORCES?	166 SOCIAL SECU	IRITY NO. 1	7. INFORMA			ADD	RESS				
	Yes			Guard	213-01-8	3620	Mar	v Alber	ta Lo	man.	Same		13e		
			if ony, which	(b)_	DR AS A CONSEQUE	ENCE OF									
	P	gave rise to couse (0), underlying	to immediate stating the couse last	DUE TO, O	ON AS A CONSEQUE	ence of death but n	#1		NINAL DISEA		20b. IF	YES, WER	E FINDING		
7	P	gave rise 1 couse (0), underlying	to immediate stating the couse last	DUE TO, O	OR AS A CONSEQUE	DEATH BUT NO	WAS PERFO	PRMED	20a AU	OPSY?	20b. IF IN CER	YES, WER TIFYING YES [RE FINDING CAUSES (TH
7	CERTIFICATION	gave rise 1 couse (0), underlying ART 2 OTHE Do DATE OF (To, ACCIDENT V OR CONTRIBUTING	to immediate stating the couse last. R SIGNIFICANT COMPERATION WAS UNDERLYING CAUSE OF DIESE MADERIX MEDICAL EXAMIN	DUE TO, O CONDITIONS C 196 COND 216, TIME C EATH P	OR AS A CONSEQUE ONTRIBUTING TO DEPENDENT OF THE SERVICE OF THE S	DEATH BUT NO OPERATION AY YEAR	WAS PERFO	IJURY OCCUR	20a AU	OPSY?	20b. IF IN CER	YES, WER TIFYING YES [RE FINDING CAUSES (OF DEA	TH3
7	MEDICAL CERTIFICATION	gave rise focuse (o), underlying ART 2 OTHE D. DATE OF (D. DATE OF (D. CONTRIBUTION (IF EITHER NOT 1d. INJURY C	to immediate stating the couse last. R SIGNIFICANT COMPERATION WAS UNDERLYING CAUSE OF DIESE MADERIX MEDICAL EXAMIN	DUE TO, O CONDITIONS C 196 COND 196 COND AND 216 TIME C HOUR A ER) 21e PLACE	OR AS A CONSEQUE ONTRIBUTING TO I OITION FOR WHICH OF INJURY .M. MONTH D.	DEATH BUT NO OPERATION AY YEAR 19	WAS PERFO	DRMED	20a AU	OPSY? NO MATURE OF IN.	20b. IF Y IN CER	YES, WER PIFYING YES 1	REFINDING CAUSES (RPART 2)	NO [TH3
7	MEDICAL CERTIFICATION	gave rise 1 couse 101, underlying PART 2 OTHE DO DATE OF C 10. ACCIDENT N OR CONTRIBUTIN (IF EITHER NOT 1d. INJURY O WHILE T WORK	TO immediate stating the couse last the couse last to person of the couse last to person of the couse last to person of the couse of th	DUE TO, O (c) CONDITIONS C 19b COND 19b COND AND COND 21b TIME C HOUR A E8) P 21e PLACE (AT HOME ST	ONTRIBUTING TO I	DEATH BUT NO OPERATION AY YEAR 19 FARM, ETC.)	WAS PERFO	IJURY OCCUR	200 AUT	OPSY? NO NO CITY OR	20b. IF IN CER	YES, WER TIFYING YES []	REFINDING CAUSES (RPART 2) DUNTY	NO [STA
7	MEDICAL CERTIFICATION	gave rise to couse (o), underlying ART 2 OTHE Do DATE OF (Do DATE OF (Do CONTRIBUTING (IF EITHER NOT 1 MORK) WMILE	To immediate stating the stating the couse last. R SIGNIFICANT AND	DUE TO, O CONDITIONS C 19b. COND 19b. COND ABOVE AND TIME C HOUR A ER) 21e PLACE (14T HOME ST	OR AS A CONSEQUE ONTRIBUTING TO I DITION FOR WHICH OF INJURY .M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT NO OPERATION AY YEAR 19 FARM, ETC.)	WAS PERFO	DRMED	200 AUT	OPSY? NO NO CITY OR	20b. IF IN CER	YES, WER TIFYING YES []	REFINDING CAUSES (RPART 2) DUNTY	NO [STA
7	MEDICAL CERTIFICATION	gave rise to couse (o), underlying ART 2 OTHE Do DATE OF (Do DATE OF (Do CONTRIBUTING (IF EITHER NOT 1 MORK) WMILE	to immediate stating the couse last. ER SIGNIFICANT COPERATION WAS UNDERLYING ING CAUSE OF DIFFY MEDICAL EXAMINATION NOT WHILE INTO THE COPERATION COURRED NOT WHILE INTO THE COPERATION COURRED INTO THE COPERATION COURRED INTO THE COPERATION COURRED INTO THE COPERATION CO	DUE TO, O CONDITIONS C 196 COND 196 COND 216. TIME C HOUR A ER) P 21e PLACE (AT HOME ST	OR AS A CONSEQUE ONTRIBUTING TO I DITION FOR WHICH OF INJURY .M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT NO OPERATION AY YEAR 19 FARM, ETC.)	WAS PERFO	IJURY OCCUR	200 AUTYES TRED (ENTER PORTION TO MEDICA	OPSY? NO LITURE OF IN CITY OR CITY OR CITY OR ST	20b. IF IN CER IN CER I	YES, WER	REFINDING CAUSES (RPART 2) DUNTY	NO [STA
9	MEDICAL CERTIFICATION	gave rise focuse (a), underlying PART 2 OTHE DO DATE OF (DO DATE OF	to immediate stating the couse last. ER SIGNIFICANT COPERATION WAS UNDERLYING ING CAUSE OF DIFFY MEDICAL EXAMINATION NOT WHILE INTO THE COPERATION COURRED NOT WHILE INTO THE COPERATION COURRED INTO THE COPERATION COURRED INTO THE COPERATION COURRED INTO THE COPERATION CO	DUE TO, O (c) (c) (c) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f	OR AS A CONSEQUE ONTRIBUTING TO I DITION FOR WHICH OF INJURY .M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT NO OPERATION AY YEAR 19 FARM, E1() DE	WAS PERFO	IJURY OCCUR DN 19 5 (our) apinion ATTENDING PHYSICIAN	200 AUTYES TRED (ENTER PORTION TO MEDICA	OPSY? NO LITURE OF IN CITY OR CITY OR CITY OR ST	20b. IF IN CER IN CER I	YES, WER	CAUSES (COUNTY)	NO [SI (w



retained by the hospital or

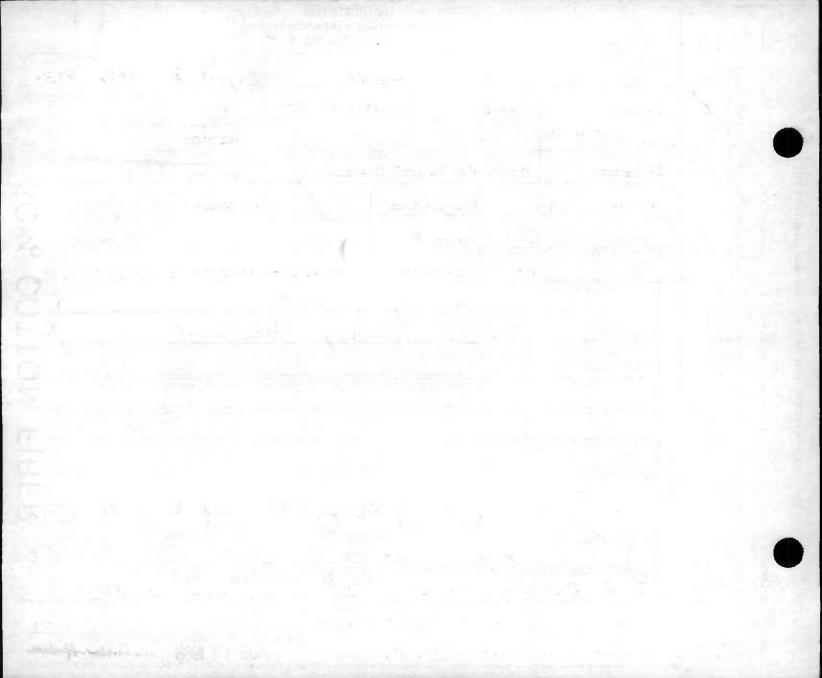
(VRA 15, 4)

1	-	FOR STATE REGISTRAR
		REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

	- 19	8	150	4.0
2	4)	10
die	and a	2		

U		REGISTRAR				-			REG	NO.		
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
	17.17	OCTRION)	Edda	G.		44	nch		August	8	1986	2330
N	3. SE	X	4.	RACE		S. DINTE			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 H
20		Female		Caucasia	an	Nove		1918	67	YRS	MONTHS DAYS	HOURS M
1	70. BI	RTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8.	[7]		9 BALTIMORE CIT			
1		nnsylvania	delphia,	US	Α	WIDOW	D NEVER M	ORCED	Wicomio	0		
11		TY OR TOWN OF	DEATH 1	NAME OF	HOSPITAL, NI	JRSING HOME	OR OTHER INST		120 USUAL OCCUP	ATION	12b. KIND (OF BUSINESS
Q	S	alisbury	1	Penins	sula Ge	neral H	ospital		(TYPE OF WORK FOR MO Homemake:		LIFE) INDUSTRY	
	USU.	AL RESIDENCE (# N	URSING HOME OR OT		1. GIVE RESIDENCE		138. INSIDE CI	TY LIMITS?	13e.STREET ADDRES	S / 7IP CO	DE SIC	3 CACACO
6	Circ.	elaware	Sussex		Rehobot			NO 🗌	104 Cullen		/199	71
72	14-FA	THER'S NAME		DDLE	LAS1		15 MOTHER'S					
//-	5	Milton	E.		Graham		Sa	ra ra	MIDDLI		Blacksto	ne.
		VAS DECEASED EV				SECURITY NO.	17. INFORMAL		ADI	DRESS		
	0 0	YES, NO OR UNKNOWN)		VAR OR DATES)	221-22	-N996	Robert	T. Lynch	, 104 Culler	St. Re	hohoth Be	ach. DE
A CONTRACTOR OF THE PARTY OF TH		18 CAUSE OF DE			1		1.00010	- Lynton	, 10+ CGIICH	octine		XIMATE INTERVAL
				DUE TO, O		EQUENCE OF	tous	-	e Visio	0		
		Conditions, if a		(p)_	AC 67	piva	1009	1,	active	~		
Ū.		couse (o), strunderlying co		DUE TO, O	R AS A CONS	EOUENCE OF	(
5				(c)								
, A	z	PART 2. OTHER S	IGNIFICANT CO	NDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	DHOITION	GIVEN IN PART 1	10
	5	19a DATE OF OPE	DATION	TIRE COND	ITION FOR W	HICH ORED ATIO	N WAS PERFOR	2450	20a AUTOPSY?	JON JE	YES, WERE FIND	NGS USED
1	CERTIFICATION	190 DATE OF OPE	KATION	196. COND	IIION POR W	HICH OPERATIO	IN WAS PERFOR	KWED		IN CER	TIFYING CAUSE	S OF DEATH?
	ERI	21g, ACCIDENT WAS	UNDERLYING -	21b. TIME C	OF INJURY		121r. HOW IN	IURY OCCURE	YES NO		YES DEPART 21	NO 🗌
4		OR CONTRIBUTING		110110 1		DAY YEAR			TENTER INATORE OF	*30K1 K*11EM1	o ran i Ostrasi 27	
	MEDICAL	218, INJURY OCC			OF INJURY	19	21f LOCATIO	N				
3	ME					FFICE, FARM, ETC)	STREET		CITY O	TOWN	COUNTY	STATE
2			ORK -			3/		100		10	- 21	
2		220 l certify that				147	0	. 19	, to	4	. 19	that (II) we)
7		obove (I) (w	eased olive on	view the body	ofter death.	19.40.0	10	(our) opinion i	deoth occurred on the	dote and h	our and from the	e couses stoted
	-	226 SHENLTURE		0			DEGREE		Annual		22c DAT	SIGNED
		110		exer	1_	m		TTENDING PHYSICIAN ⋤	DIRECTOR PHY	SICIAN	8/	2/1
1		22 PHYSICIAN'S	NAME (TYPE OR P	RINT)			22e. ADDRESS	NO.	itou .	C4-		
		J. A.	Cocl	ccy,	m.	6.	-C.	1610	- 4-	1 2	1801	
1	23o E	BURIAL, CREMATIC	N, REMOVAL	23b. DATE		23c. NAME OF	CEMETERY OR C	REMATORY	23d LOCATION			
		Burial		Aug. 12,			s Cemeter		Angola		Sussex	Delaware
S.	24. FI	JNERAL DIRECTOR		-9,	2.00	502110	- COMOGOI		E REC'D. BY REGISTR	AR 25b. REG		
/B4	Man	rvel-Shor	t Funer	a.1 Home	e Delma	ess DE.	19940	1	AUG 1 4 19		in Davidson	- Abrida
			CALCE	TT - TIII.		,			TIVU A I	VV /		The state of



P
2
8
0
00
-
+0
9
e
a
22
5
24
- 5
=
ō
c e
ec ec
6
å
- 5
100
1
E
0
70
4
5
-
3
- 10
1
.0
PHYSICIAN. The law profess that the death certificals be executed within 24 hours after death. Page 4 may be
-
3
¥
54
4

6210	1-	FOR STATE REGISTRAR		CERTII	E OF MARYLAND BEALTH AND MENTAL HYG BCATE OF DEATH	REG. NO.	4 !	6 0	
poge 3		OR PRINT) Bruce	Dennis	MacN	NELLY	AUGUST	2/, 19	96 1430	
director, po	3. SE	Male	4. RACE White	5. DATE O		6. AGE (IN YEARS LAST BIRTHI	YRS.	DER TYEAR IF UNDER 24 H	AIN.
25 3	₹a. Bl	RITHPLACE ISTATE OR FOREIGN COUNTRY) Altimore City, Mo	7b. CITIZEN OF WHAT COUNTRY	? 8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR WICOMICO			MI
One with	10. CI	TY OR TOWN OF DEATH Lisbury	11. NAME OF HOSPITAL, NURS Perrinsula "Gene	ING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	N WORKING LIFE)	P.B. KIND OF BUSINESS NDUSTRY	OR
35	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	NTY Parsons Vicomico Parsons	PRE ADMISSION) WN Bourg	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS /	Box 136	21849	
	14. FA	John THER'S NAME	E. MacNelly	50	15. MOTHER'S MAIDEN NA Virginia	WE	Kir		
medicol		VAS DECEASED EVER IN U.S. A res. no.or unknown) (16 YES, G	RMED FORCES? IN SOCIAL SECULAR WAR OR DATES) 213-68		Same as #1:	cy E. MacNett 3e	y (Wi	fe)	
pline change of bandapuna genavana se en mandapuna genavana		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	only one cause per live for all the ED BY: ITE CAUSE (a) DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	UENCE OF	tun HOT BELATED TO THE TERM	AINAL DISFASE OR CONDI	TION GIVEN I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	
intol Hyguene prior to bu	CAL CERTIFICATION	19a. DATE OF OPERATION S	19b. CONDITION FOR WHICE 21b. TIME OF INJURY HOUR A.M. MONTH	H OPERATIO		20a AUTOPSY? YES NO	206. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED G CAUSES OF DEATH?	
hed or h	MĘDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N	COUNTY STATE	E
toched for user as Dept. of Health		22a.l certify that (I) (this hasp	oitol) ottended the deceosed from n		nd that in (my) (our) opinion DEGREE ATTENDING			, that (1) (we) If from the couses stated 22c. DATE SIGNED 8/21/1986	d
should be detoched with the State Dept.		224 PHYSICIAN'S NAME (1914	All mo		22e. ADDRESS	S director Physicians, Maryland	21801	0,21,1700	
O od s	23a. E	BURIAL, CREMATION, REMOVA	8/24/1986 23G	Wicor	EMETERY OR CREMATORY mico Memorial	Park Salisbur	y, Wico	mico, Marylo	ะกด

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

234 LOCATION
Wicomico Memorial Park CITY OR TOWN
Salisbury, Wicomico, Maryland
250. Date REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Solisbury. Maryland AUG 25 1986 Holloway Funeral Home, P.A., Salisbury, Maryland

105 25 1286 J. - Julian 18 3UA

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

6

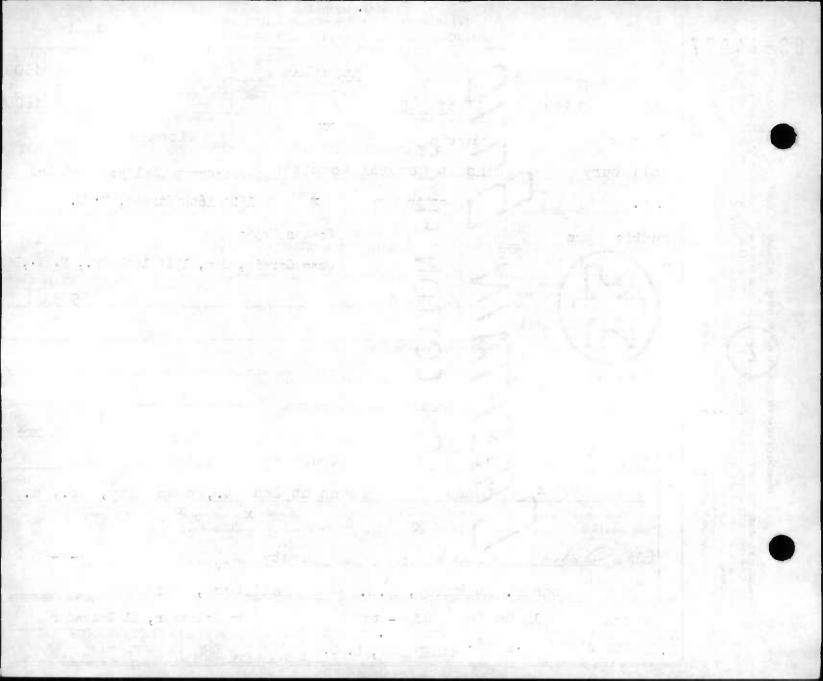
-												
	CEASED NAME FIRST	,	MIDDLE	t.	AST	1	2a. DATE OF	DEATH A	HTMON	DAY	YEAR	26 HOUR
{ TPE	Ella	Lou	ise	m	ARTI	N	AUG	UST	1	319	16	7:20
3. SE)		4 RACE	100	5. DATE C			6. AGE INYE	ARS LAST BIRTH	(DAY)	IF UNDER		IF UNDER 2
	Female	White		10	02	1900	85		YRS.	MONTHS	DAY5	HOURS
		76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER A		WICOT	RECITY OF		Y OF DE	ATH	
Sa	alisbury, MD	U.S.	Α.	WIDOWE		VORCED	WICCI	шсо				
a CI			HOSPITAL, NURSIN	NG HOME C	OR OTHER INST		120. USUAL C					BUSINES
Ja.	lisbury	Penins	ula Gener	al Ho	spital		State					of l
USU/	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE		13d INSIDE C	CZTIAALI VTI	I 124 STREET A	DDDESS /	ZID COL	ne .		
		mico	Salisbur	y	YES T	NO 🗌	13e STREET A	Westo	hest	er S	t.	218
4. FA	ATHER'S NAME	WIDDLE	LAST			S MAIDEN NA	ME	WIDDLE			LAST	
		rey	Timmons	6	Sa	arah		MIDDLE			Shor	t
60 V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		17. INFORMA	TM		ADDRES	SS			
1	YES, NO OR UNKNOWN) (IF YES, GIV.	E WAR OR DATES	220-01-9	9511	Eleand	or M. H	otton	Sam	ne as	: 13e		
	18 CAUSE OF DEATH (Enter an	ly ane cause per	line far (a), (b), an	nd (c).)						. 81	APPROXIM	ATE INTERV
	PART I. DEATH WAS CAUSE	D BY: E CAUSE (a)	RENA	1 7	AILUN	17						
										1		
		DUE TO, O	R AS A CONSEQU	ENCE OF	, ,,	0 - 10 -						
	Canditians, if any, which	DUE TO, O	RAS A CONSEQU	NSO	N DI	SEASE					Ġ.	
	gave rise to immediate	(b)_	PARKI	NSOI	V DI	SEASE						-
	gave rise to immediate cause (a), stating the	(b)_	PAKKI.	NSO1								
	gave rise to immediate	(b)_	PAKKI.	NSO1	N DI							
7	gave rise to immediate cause (a), stating the	(b) DUE TO, O	PACK!	NSBI ENCE OF RIE	NISION	J,		ORCOND	ITION G	IVEN IN P	PART Ita	
TION	gave rise to immediate cause (a), stafing the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUENCE ON TRIBUTING TO	NSBI ENCE OF FRIE DEATH BUT	NOT RELATED	J,) TO THE TERM	INAL DISEASE					
ICATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O (c) CONDITIONS CO	PACK!	NSBI ENCE OF FRIE DEATH BUT	NOT RELATED	J,) TO THE TERM			20b. IF Y	ES, WERE	FINDING	
TIFICATION	gave rise to immediate cause (a), stafing the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUENCE ON TRIBUTING TO	NSBI ENCE OF FRIE DEATH BUT	NOT RELATED	J,) TO THE TERM	INAL DISEASE		20b. IF YI	ES, WERE	FINDING	
CERTIFICATION	gave rise to immediate cause a1, stafing the underlying cause last: PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(b)	R AS A CONSEQUENCE OF INJURY	ENCE OF CONTROL OF THE PROPERTY OF THE PROPERT	NOT RELATED	J,) TO THE TERM	20a AUTO	PSY?	20b. IF YI	ES, WERE IFYING O	FINDING AUSES C	OF DEATH
200	gave rise to immediate cause a , stafing the underlying cause last. PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	(b)	R AS A CONSCOULD ON TRIBUTING TO THE WHICH	ENCE OF ENCE O	NOT RELATED	V, D TO THE TERM DRMED	20a AUTO	PSY?	20b. IF YI	ES, WERE IFYING O	FINDING AUSES C	OF DEATH
100	gave rise to immediate cause a1, stafing the underlying cause last: PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(b)	PACKED R AS A COMSECUL ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M.	ENCE OF CONTROL OF THE PROPERTY OF THE PROPERT	NOT RELATED NOT RELATED	OTO THE TERM DEFINED JURY OCCURR	20a AUTO	NO	20b. IF YI IN CERT YIN ITEM 18	ES, WERE IFYING C YES 3 PART I OR!	FINDING CAUSES C	NO _
200	gave rise to immediate cause Ia), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF CONTRIBUTING CAUSE OF DEAL OF THE EITHER NOTIFY MEDICAL EXAMINER. 21d. INJURY OCCURRED	DUE TO, O (c) ONDITIONS CO 19b. COND	PACKED R AS A COMSECUL ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M.	ENCE OF PLEATH BUT	NOT RELATED IN WAS PERFO	OTO THE TERM DEFINED JURY OCCURR	20a AUTO	PSY?	20b. IF YI IN CERT YIN ITEM 18	ES, WERE IFYING C YES 3 PART I OR!	FINDING AUSES C	OF DEATH
200	gave rise to immediate cause a), stafing the underlying cause last: PART 2. OTHER SIGNIFICANT C 19th DATE OF OPERATION 21th. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER 21th. IN JURY OCCURRED WHILE NOT WHILE AT WORK	DUE TO, O (c) ONDITIONS CO 19b. COND 19b. COND 19b. TIME C HOUR A.) 71e PLACE (AT HOME, STI	ONTRIBUTING TO	ENCE OF PLEATH BUT	NOT RELATED NOT RELATED	OTO THE TERM DEFINED JURY OCCURR	20a AUTO	NO	20b. IF YI IN CERT YIN ITEM 18	ES, WERE IFYING C YES 3 PART I OR!	FINDING AUSES (PART 2)	NO ST.
200	gave rise to immediate cause a), stafing the underlying cause last: PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAL STAMINER 21d. IN JURY OCCURRED WHILE NOTEY MEDICAL EXAMINER AT WORK NOTEY MEDICAL EXAMINER 22a.1 certify that (1) (this hospi	DUE TO, O (c) ONDITIONS CO 19b. COND 19b. COND 19b. TIME C HOUR A. HOUR A. CAT HOME. STI	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE,	ENCE OF CONTROL OF THE PROPERTY OF THE PROPERT	NOT RELATED N WAS PERFO 21c. HOW IN 21l LOCATIO	OTO THE TERM DORMED JURY OCCURR ON 19	ZOR AUTO YES RED (ENTER NAT	PSY? NO	206. IF YI IN CERT Y IN ITEM 18	ES, WERE IFYING C YES D PART I OR	FINDING CAUSES C	ST.
200	gave rise to immediate cause a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK Saw the deceased alive an saw the deceased alive an stating that (I) (this hosping saw the deceased alive and stating that work not work to the deceased alive and stating that (I) (this hosping saw the deceased alive and saw that (I) (this hosping saw the deceased alive and saw that (I) (this hosping saw the deceased alive and saw that (I) (this hosping saw the deceased alive and saw that (I) (this hosping saw the deceased alive and saw that (I) (this hosping saw the deceased alive and saw that (I) (this hosping saw the deceased alive and saw that (I) (this hosping saw the deceased alive and saw tha	DUE TO, O (c) 19b. COND 19b. COND 19b. TIME C HOUR A.) 21b. PLACE (AT HOME, STI	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE.	ENCE OF CONTROL OF THE PROPERTY OF THE PROPERT	NOT RELATED N WAS PERFO 21c. HOW IN 21l LOCATIO	OTO THE TERM DEFINED JURY OCCURR	ZOR AUTO YES RED (ENTER NAT	PSY? NO TURE OF INJUR. CITY OR TOV	206. IF YI IN CERT Y IN ITEM 18	ES, WERE IFYING C YES D PART I OR	FINDING CAUSES C	ST.
200	gave rise to immediate cause a), stafing the underlying cause last: PART 2. OTHER SIGNIFICANT C 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAL STAMINER 21d. IN JURY OCCURRED WHILE NOTEY MEDICAL EXAMINER AT WORK NOTEY MEDICAL EXAMINER 22a.1 certify that (1) (this hospi	DUE TO, O (c) 19b. COND 19b. COND 19b. TIME C HOUR A.) 21b. PLACE (AT HOME, STI	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE.	ENCE OF DEATH BUT H OPERATIO	NOT RELATED N WAS PERFO 21c. HOW IN 21l LOCATIO	OTO THE TERM DORMED JURY OCCURR ON 19	ZOR AUTO YES RED (ENTER NAT	PSY? NO TURE OF INJUR. CITY OR TOV	206. IF YI IN CERT Y IN ITEM 18	ES, WERE IFYING C YES OPART I ORI	FINDING CAUSES C	ST.
MEDICAL CERTIFICATION	gave rise to immediate cause Iai, stating the underlying cause last. PART 2. OTHER SIGNIFICANT C 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEA LIFETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE ALWORK 220.1 certify that (I) (this hasping saw the deceased alive an above, (I) (we) (did) (did) andove, (I) (we) (did) (did)	DUE TO, O (c) 19b. COND 19b. COND 19b. TIME C HOUR A.) 21b. PLACE (AT HOME, STI	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE.	ENCE OF DEATH BUT H OPERATIO	NOT RELATED NOT RELATED 121c. HOW IN 211 LOCATION STREET 21 d that in (my) DEGREE	ON 19 56 ATTENDING	200 AUTO YES RED (ENTER NA.	NO LIVE OF INJUR.	20b. IF YIN CERT YIN ITEM 18	ES, WERE IFYING C YES OPART I ORI	PART 2) UNITY , the country of the country	ST.
100	gave rise to immediate cause Iai, stating the underlying cause last. PART 2. OTHER SIGNIFICANT C 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DEA LIFETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE ALWORK 220.1 certify that (I) (this hasping saw the deceased alive an above, (I) (we) (did) (did) andove, (I) (we) (did) (did)	DUE TO, O (c) 19b. COND 19b. C	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE.	ENCE OF DEATH BUT H OPERATIO	NOT RELATED NOT RELATED 121c. HOW IN 211 LOCATION STREET 21 d that in (my) DEGREE	ON 19 16 (our) aprinion	20a AUTO YES RED (ENTER NA:	NO LIVE OF INJUR.	20b. IF YIN CERT YIN ITEM 18	ES, WERE IFYING C YES OPART I ORI	PART 2) UNITY , the country of the country	ST.
100	gave rise to immediate cause las, stafing the underlying cause last: PART 2. OTHER SIGNIFICANT O 19th DATE OF OPERATION 21th. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER AT WORK NOTIFY OF CURRED SOW the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATURE) 22th. PHYSICIAN'S NAME (1YPE O	DUE TO, O (c) 19b. COND 19b. C	ONTRIBUTING TO OF INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE. Defended to the control of the contr	ENCE OF DEATH BUT H OPERATIO	NOT RELATED N WAS PERFO 21c. HOW IN 21l. LOCATIC STREET	ON 19 16 (our) aprinion	200 AUTO YES RED (ENTER NA.	NO LIVE OF INJUR.	20b. IF YIN CERT YIN ITEM 18	ES, WERE IFYING C YES OPART I ORI	PART 2) UNITY , the country of the country	ST.
MEDICAL	gave rise to immediate cause las, staling the underlying cause last: PART 2. OTHER SIGNIFICANT O 19th DATE OF OPERATION 21th. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA LIFE ETHER, NOTIFY MEDICAL EXAMINER 21th. INJURY OCCURRED WHILE ALWORK 22th. Significant of the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE) 22th. SIGNATURE	DUE TO, O (c) (c) (DNDITIONS CO 19b. COND	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE. The decased from the control of th	ENCE OF PROPERTIES DEATH BUT H OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED NOT RELATED N WAS PERFO 21c. HOW IN 21l. LOCATIC STREET 21d. HOW IN 21l. LOCATIC STREET 21e. ADDRES	DIOTHETERM DIAMED DIA	ZOR AUTO YES RED (ENTER NAT death accurred MEDICAL DIRECTOR	PSY? NO [] TURE OF INJUR* CITY OR TOV STAF PHYSIC C I U	20b. IF YIN CERT YIN ITEM 18	ES, WERE IFYING C YES OPART I ORI	PART 2) UNITY , the country of the country	ST.
MEDICAL 33a. I	gave rise to immediate cause las, stafing the underlying cause last: PART 2. OTHER SIGNIFICANT O 19th DATE OF OPERATION 21th. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOTIFY MEDICAL EXAMINER AT WORK NOTIFY OF CURRED SOW the deceased alive an above, (1) (we) (did) (did no 27b. SIGNATURE) 22th. PHYSICIAN'S NAME (1YPE O	DUE TO, O (c) 19b. COND 19b. C	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D OF INJURY REET, FACTORY, OFFICE. In deceased from the content decath.	DEATH BUT H OPERATIO AY YEAR 19 FARM, ETC.) NAME OF C	NOT RELATED N WAS PERFO 21c. HOW IN 21l. LOCATIC STREET	ORMED ORMED ORMED ON ON ON ATTENDING PHYSICIAN CREMATORY	20a AUTO YES RED (ENTER NA: death accurred DIRECTOR 23d. LOCA CITY CITY CITY 23d. LOCA CITY	PSY? NO [] TURE OF INJUR* CITY OR TOV STAF PHYSIC C I U	YIN ITEM 18	ES, WERE IFYING CO YES PARTION COUNTY COUNT	PART 2) UNITY , the country of the country	ST. ST. ST. ST. ST. ST. ST. ST.

DHMH - 16 60M 7/8 (VRA 15, 4)

TO HOSPITAL OR ned by the

BP.

SECOLION BIBLS



_	4	
	S	
	#	
	0	
0	5	
-	2	
7	ž	
0	4	
Z	2	
<	2	
-	丰	
OC.	3	
<	7	
2	e e	
ui`	5	
OK.	e	
0	X	
₹	(1)	
=	۵	
7	0	
60	Ö	
2	5	
H-	-	
S	0	
Z	0	
0	=	
S	e	
W	O	
4	9	
	=	
>	o o	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	5	
0	5	
	6	
S	5	
2	0	
ō	-	
Ü	3	
m m	0	
	0	ć
A	5	0
<u></u>		Sic
>	Z	>
NA.	A	à
0	U	-
Z	S	5
0	<u>></u>	O
100	4	0
=	10	#
=	7	0
	=	b
	7	_
	É	0
	F	Ö
	~	Sp
	04	ř
	0	0
	-	+
	A	>
	-	é
	S	0
	0	e
	I	=
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after o	retained by the haspital ar attending physician.
	-	5

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If Hem 21 is marked or Item 18 shaws any injury, ar other traumatic event, the medical

eath. Page 4 may be

STATE OF MARYLAND

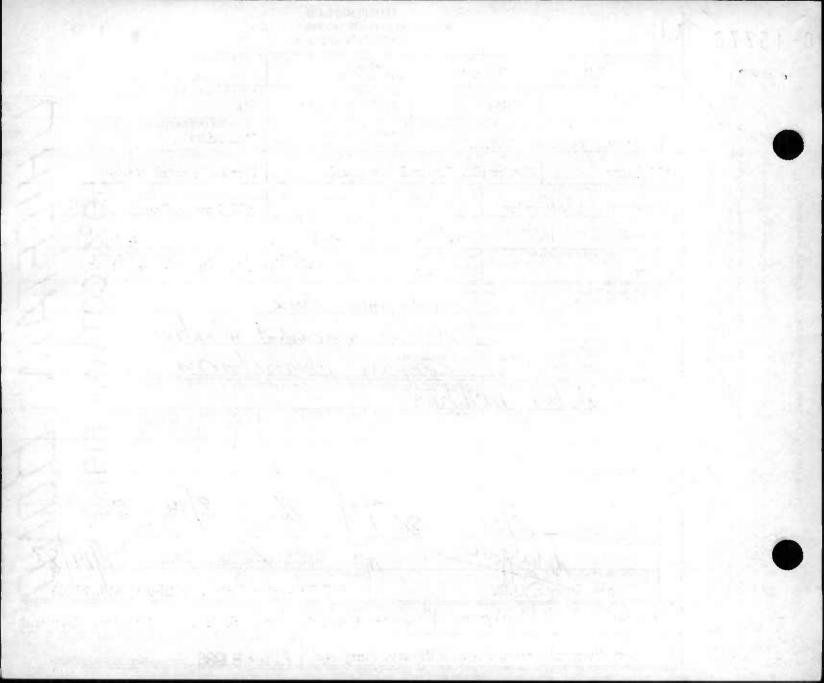
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

1-	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIENE 6 2 A	4 1 6 3	5
1. DEC	CEASED NAME FIRST William	Rober	A4	ken Ken	20. DATE OF DEATH MONTH		6. HOUR
3. SEX	Male	White	5. DATE C	27° 1929		MONTHS DAYS H	FUNDER 24 HRS HOURS MIN.
S	RTHPLACE (STATE OR FOREIGN COUNTRY) alisbury, Maryla	d U.S.A.	MARRIEI		MICOMICO		MD.
Sa	ty or town of DEATH Lisbury	Peninsul	PITAL, NURSING HOME CONTROL CHIEF CHIEF ADDRESS HO		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Retired Posto	king life) 12b. KIND OF E INDUSTRY IL Worker	BUSINESS OR
13a S		INTY 13c.	CITY OR TOWN Salisbury	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP 507 Emory C		1
			erriken	Mabel	WIDDLE	Smith	
	VAS DECEASED EVER IN U.S. A (ES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	SOCIAL SECURITY NO. 15-26-3841	2455 Park R	Doris M. ARdkin oad, Warrington,		
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per line SED BY: ATE CAUSE (0)	for (a), (b), and (c).)	ic shock		APPROXIMA BETWEEN ON:	ATE INTERVAL SET AND DEATH
	Conditions, if any, which gave rise to immediate cause (01, stating the underlying cause last.	(b)	A CONSEQUENCE OF B A CONSEQUENCE OF CONSEQUENCE OF	myocardi y Athero	al infanction	n	
CERTIFICATION	PART 2. OTHER SIGNIFICANT	o mel	RIBUTING TO DEATH BUT,		MINAL DISEASE OR CONDITIO	IF YES, WERE FINDING CERTIFYING CAUSES O	GS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT		
MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF WORK	21e. PLACE OF (AT HOME, STREET,	NJURY FACTORY, OFFICE, FARM, ETC }	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	270.1 certify that (I) (this has saw the deceased alive of the same of the sam	laggar	ir death.	DEGREE ATTENDING	n death accurred on the date or MEDICAL STAFF DIRECTOR PHYSICIAN	771. 047 51	
	Deepak Sagge				side Drive, Salis	bury, Md. 21	801
	BURIAL, CREMATION, REMOVA 18PBUrial	8/16/19		Memorial Po	ark Salisbury,	Wicomico, M	
	uneral director olloway Funeral	Home, P.A	., Salisbury, I		TE REC'D. BY REGISTRAR 256. R		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



II. Di	ece icep iiiii	DEPA	CERTIFIC	ATE OF DEATH	REG. NO.	TH DAY YEAR	Louis
	ECEASED NAME FIRST PE OR PRINT)	WIDDLE	LAST		2a. DATE OF DEATH MON	ITH DAY YEAR	2b HI
_ -		shua W.	MILE			186 Y) IF UNDER 1 YEAR	4
3. SI	Male	4. RACE White	5. DATE OF E	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	MONIHS DAYS	
76. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTI USA	MARRIED WIDOWED	NEVER MARRIED	BALTIMORE CITY OR CO	OUNTY OF DEATH	
S	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST Deer 'S Head C	enter	OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Attorney	PRKING LIFE) 126. KIND (INDUSTRY	,
130.	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	INTY 13c. CITY OR TO Salish	OWN 113	M. INSIDE CITY LIMITS?	516 Indian L	ane / 2180	01
11 14. F	ATHER'S NAME			MOTHER'S MAIDEN NAM	WIOOFE WIOOFE		
4	Southey	F. Miles	39.42	Mollie	B.	Miles	AST
O 16a	WAS DECEASED EVER IN U.S. A		ECURITY NO. 17	7 INFORMANT	ADDRESS		
16a	Yes WW	T 214-38-	-9437	Jean A. Miles	s - same as 1	3 abcde	
CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION	DUE TO, OR AS A CONSE	TO DEATH BUT NO		20g AUTOPSY? 20	b. IF YES, WERE FIND I CERTIFYING CAUSE	INGS US
2 / E	210. ACCIDENT WAS UNDERLYING	- 110110 4 11 11011711	544 4545	TE HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	NO
8 0 0	OR CONTRIBUTING CAUSE OF DE		DAY YEAR				
		21e PLACE OF INJURY		II. LOCATION			
MEDICAL CE	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		ICE, FARM EIC	STREET	CITY OR TOWN	COUNTY	
21 is married or literal	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp sow the deceased alive o	n attended the deceased from	om 6/3	STREET	city or town		. that
If them 21 is manned or literal	NOT WHILE AT WORK 220.1 certify that (I) (this hosp sow the deceased alive a above (I) (we) (did n) 22b. SIGNATURE	n at view the bady after death.	om 6/3 986, and	that in (m) (our) opinion of GREE ATTENDING PHYSICIAN (2)	3/3	ond hour ond from the	
21 is married or learning	WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hasp sow the deceased alive a above. (1) (we) (did) (did not be seen as a bove. (1) (we) (did)	n at view the body after death.	om 6/3 986, and	that in (m) (our) opinion of GREE ATTENDING PHYSICIAN	deoth occurred on the dote of	ond hour ond from the	3/d

DHMH - 16 60M 7/84 (VRA 15, 4)

Joshue V. Miles, II August 3, 1500

e di compro

astrabury deer's Head Center Asserted States

Principles of the second of th

olole (fine comes - toth . man . fine-ht-ars | I to ______ and

In 15 Jun Assert, and a sound a sound of the sound of the

Che man agini e etilenniti vyrana eb saata denet. 1900) histori

Contens - Son - teleficial - and - sonstant

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather

00-1595

4 moy be

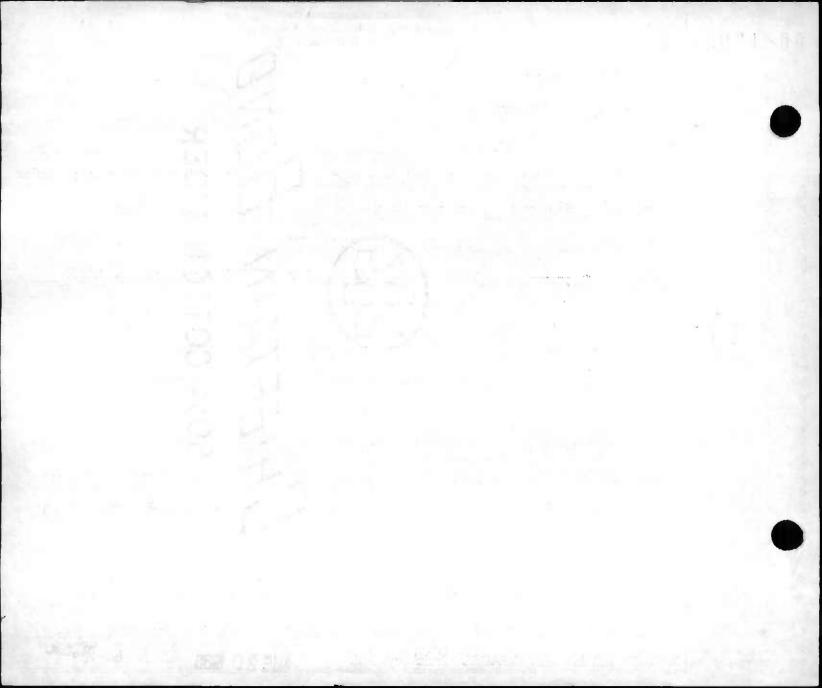
FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

2	4	Section 1	6	170
REG. NO.				

TE ryland SOI ER'S NAME FIRST CHARD S DECEASED EVER IN U.S. J NO OR UNKNOWN (IF YES. CAUSE OF DEATH IEnter PART I. DEATH WAS CAU	A RACE Negro The CITIZEN OF V U.S.A III. NAME OF H (IF NOT IN SUC PENINSU OTHER INSTITUTION UNITY MIDDLE ARMED FORCES? GIVE WAR OR DATES) only one couse per SED BY. IATE CAUSE (0)	S. DATE (MONT) WHAT COUNTRY? 8. MARRIE WIDOW. MIDOPITAL, NURSING HOME (MIDOW) MIDOPITAL, NURSING HOME (MIDOW) MIDOPITAL, NURSING HOME (MIDOW) PROSPRESIDENCE BEFORE ADMISSION) MILES 186. SOCIAL SECURITY NO. 214-16-4879	4 1889 ED NEVER MARRIED DOORCED DOOR OTHER INSTITUTION Spital	9 BALTIMORE CITY OR COL Wicomico 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) retired-labore 130 STREET ADDRESS / ZIP C Rt. #2, Box 45 NAME MIDDLE	# 1986 C/35 IF UNDER 1 YEAR IF UNDER 24 HR. VRS. DAYS HOURS MIN UNITY OF DEATH A IZA KIND OF BUSINESS OF INDUSTRY TARMS / CANNER CODE
WILLIAM AT APLACE (STATE OR FOREIGN NIRY) RYLAND OR TOWN OF DEATH SOURY RESIDENCE (IF NURSING FOREIGN TYLAND OR TOWN OF DEATH ON ON CAUSE OF DEATH IE INTERPRET IN U.S. A CAUSE OF DEATH IE INTERPRET IN U.S. A CAUSE OF DEATH IE INTERPRET IN U.S. A IMMEDIA	A RACE Negro 7b CITIZEN OF V U.S.A 11. NAME OF H (IF NOT IN SUC PENINSI ONLY MIDDLE ARMED FORCES? GIVE WAR OR DATES) only one couse per SED BY: IATE CAUSE (0)	MONT 8 WHAT COUNTRY? MARRIE WIDOW HOSPITAL, NURSING HOME WIDOW HEACHTY, GIVE STREET ADDRESS) LA CENERAL HO GOVER RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN Princess Anne LAST MILES 166-SOCIAL SECURITY NO. 214-16-4879 Inne for 10), (b), and icc.	DAY YEAR 1889 TO NEVER MARRIED DED DWORCED DOROTHER INSTITUTION POSPITAL TO NO NO NOTIFE S MAIDEN NO FIRST ELEANOR TO NO NOTIFE S MAIDEN NO FIRST TO NO NOTIFE S MAIDEN NO FIRST TO NO NOTIFE S MAIDEN NO FIRST TO	9 97 9 BALTIMORE CITY OR COU Wicomico 12a USUAL OCCUPATION (IYPE OF WORK FOR MOSL OF WORK retired-labore 13a STREET ADDRESS / ZIP O Rt. #2, Box 45	UNITY OF DEATH 12b. KIND OF BUSINESS OF BUSINESS OF STATE 12b. KIND
RYLAND OR TOWN OF DEATH SOURY RESIDENCE (IF NURSING TOP TYLAND OR LIFE TO THE NURSING TOP TYLAND OR LIFE TO	Negro 7b CITIZEN OF V U.S.A 11. NAME OF F (IF NOT IN SUC PENINS: OTHER INSTITUTION UNITY MIDDLE ARMED FORCES? GIVE WAR OR DATES) only one couse per SED BY: IATE CAUSE (o)	MONT 8 WHAT COUNTRY? MARRIE WIDOW HOSPITAL, NURSING HOME WIDOW HEACHTY, GIVE STREET ADDRESS) LA CENERAL HO GOVER RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN Princess Anne LAST MILES 166-SOCIAL SECURITY NO. 214-16-4879 Inne for 10), (b), and icc.	DAY YEAR 1889 TO NEVER MARRIED DED DWORCED DOROTHER INSTITUTION POSPITAL TO NO NO NOTIFE S MAIDEN NO FIRST ELEANOR TO NO NOTIFE S MAIDEN NO FIRST TO NO NOTIFE S MAIDEN NO FIRST TO NO NOTIFE S MAIDEN NO FIRST TO	9 97 9 BALTIMORE CITY OR COU Wicomico 12a USUAL OCCUPATION (IYPE OF WORK FOR MOSL OF WORK retired-labore 13a STREET ADDRESS / ZIP O Rt. #2, Box 45	WAS MONTHS DATS HOURS MIN WAS UNITY OF DEATH A MILE OF BUSINESS O
RYLAND OR TOWN OF DEATH SOURY RESIDENCE (IF NURSING TOP TYLAND OR LIFE TO THE NURSING TOP TYLAND OR LIFE TO	The CITIZEN OF A LANGE OF A CITIZEN OF A CIT	MHAT COUNTRY? 8. MARRIE WIDOW MOSPITAL, NURSING HOME IN FACILITY, GIVE STREET ADDRESS) 11 A CENERAL HOME OF TOWN Princess Anne LAST MILES 166 SOCIAL SECURITY NO. 214-16-4879 Inne for 10), (b), and icc. 1.	4 1889 ED NEVER MARRIED DNORCED DNORCED OR OTHER INSTITUTION OSPITAL 13d INSIDE CITY LIMITS? YES NO NO NOTHERS MAIDEN NOTHER'S MAIDEN NOT	9 BALTIMORE CITY OR COL Wicomico 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) retired-labore 130 STREET ADDRESS / ZIP C Rt. #2, Box 45 NAME MIDDLE	UNITY OF DEATH 12b. KIND OF BUSINESS OF INDUSTRY TARMS/canner 12b. KIND OF BUSINESS OF INDUSTRY 12b. KIND OF BUSINESS OF INDUSTRY 12b. KIND OF INDUSTRY
RYLAND OR TOWN OF DEATH SOURY RESIDENCE (IF NURSING TOP TYLAND OR LIFE TO THE NURSING TOP TYLAND OR LIFE TO	U.S.A II. NAME OF H (IF NOT IN SUC PENINSL OTHER INSTITUTION UNITY MIDDLE ARMED FORCES? GIVE WAR OR DATES) only one couse per SED BY: IATE CAUSE (0)	MARRIE WIDOW IOSPITAL, NURSING HOME OF THE PROPERTY OF THE PR	DWORCED DWORCED COR OTHER INSTITUTION DSPITAL 134 INSIDE CITY LIMITS? YES NO X 15 MOTHER'S MAIDEN N FIRST ELEANOR 17 INFORMANT	Wicomico 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST, OF WORK) retired-labore 130 STREET ADDRESS / ZIP C Rt. #2, Box 45 NAME MIDDLE REFEREN 2.	12b. KIND OF BUSINESS OF INDUSTRY TARMS/canner CODE 5/21853 MILBOURNE 2, Box 48 nne, Md. 21853
OR TOWN OF DEATH SBUTY RESIDENCE (IF NURSING ONE TE TO THE TE TO T	II. NAME OF INTERPRETATION SUCPENIES OF THE PRINT SUCPENIES OF THE P	MIDOW HOSPITAL, NURSING HOME OF HEACHTY, GIVE STREET ADDRESS) LA GENERAL HO GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN Princess Anne MILES 166-SOCIAL SECURITY NO. 214-16-4879 Inne for 10), (b), and icc. 1.	DWORCED DWORCED COR OTHER INSTITUTION DSPITAL 134 INSIDE CITY LIMITS? YES NO X 15 MOTHER'S MAIDEN N FIRST ELEANOR 17 INFORMANT	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK retired-labore 130 STREET ADDRESS / ZIP (Rt. #2, Box 45) NAME MIDDLE RES#2.	tarms/canner code 5/21853 MILBOURNE 2, Box 48 nne, Md. 21853
RESIDENCE (IF NURSING TO TE TO TO	(IF NOT IN SUC PENINSE PENINSE INSTITUTION UNITY METSET MIDDLE ARMED FORCES? GIVE WAR OR DATES) only one couse per SED BY: AATE CAUSE (0)	HEACHITY, GIVE STREET ADDRESS) LIA GENERAL HO GIVE RESIDENCE BEFORE ADMISSION! 13, CITY OR TOWN PRINCESS Anne LAST MILES 166 SOCIAL SECURITY NO. 214-16-4879 Ine for 10), (b), and icc. 1	Spital 13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN N FIRST ELEANOR 17 INFORMANT	retired-labore 13e STREET ADDRESS / ZIP G Rt. #2, Box 45	farms/canner farms/canner code 5/21853 MILBOURNE 2, Box 48 ane, Md. 21853
TE ryland SOI ER'S NAME FIRST CHARD S DECEASED EVER IN U.S. A NO OR UNKNOWN CAUSE OF DEATH LEnter PART 1. DEATH WAS CAU IMMEDI	MIDDLE ARMED FORCES? GIVE WAR OR DATES) only one couse per SED BY: IATE CAUSE (a)	Princess Anne MILES 166-SOCIAL SECURITY NO. 214-16-4879 Inne for 101, (b), and icc. 1	13d INSIDE CITY LIMITS? YES NO (C) 15. MOTHER'S MAIDEN N FIRS! ELEANOR 17. INFORMANT	Rt. #2, Box 45	MILBOURNE 2, Box 48 ane, Md. 21853
FIRST CHARD 5 DECEASED EVER IN U.S. A NO OR UNKNOWN) (IF YES. C CAUSE OF DEATH IEnter PART 1. DEATH WAS CAU	armed Forces? Give war or dates) only one couse per SED BY: IATE CAUSE (o)	MILES 166-SOCIAL SECURITY NO. 214-16-4879 Ine for (a), (b), and (c)	ELEANOR 17 INFORMANT	MIDDLE TRES#2.	2, Box 48 nne, Md. 21853
CAUSE OF DEATH LEnter PART 1. DEATH WAS CAU	only one couse per SED BY:	214-16-4879			ne, Md. 21853
CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	only one couse per SED BY: IATE CAUSE (o)	line for (o), (b), and (c)	Alton Miles	Princess An	
PART I. DEATH WAS CAU	SED BY: IATE CAUSE (0)	A //	by college		APPROXIMATE INTERVAL
gove rise to immediate ouse 101, stating the inderlying couse lost.	t CONDITIONS <u>CC</u>	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	20a AUTOPSY? 20b. I	N GIVEN IN PART 110 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
(IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.I	m. Month day year m. 19 Definjury	211 LOCATION STREET	URRED (ENTER NATURE OF INJURY IN ITE	COUNTY STATE
a.l certify that (I) ((his has saw the deceased alive above, (I) (we) (did/(d)). b. SIGNATURE	non 13 M	ofter death.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	214 DATUSIGNED
BURIAL	AL 23b. DATE	23c. NAME OF C	k's Cemetery	Oaksville So	omerset Md.
0 6 (0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OUSE 101, STOTING THE INDERLYING COUSE 10ST. ART 2. OTHER SIGNIFICAN DATE OF OPERATION DATE OF OPERATION DATE OF OPERATION CONTRIBUTING CAUSE OF ITE EITHER NOTIFY MEDICAL EXAMITY AT WORK AT WORK AND	OUSE 101, Stating the Inderlying Couse lost. ART 2. OTHER SIGNIFICANT CONDITIONS CO DATE OF OPERATION IP CONDITIONS R. CONTRIBUTING CAUSE OF DEATH R. CONTRIBUTING CAUSE OF DEATH A. INFETIMER NOTIFY MEDICAL EXAMINER! INDICATE OF OPERATION INDICATE OPERATION INDICAT	DUE TO, OR AS A CONSEQUENCE OF ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DATE OF OPERATION DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 19c. CONTRIBUTING CAUSE OF DEATH 19c. CONTRIBUTING CAUSE OF DEATH 19c. CAUSE OF DEATH 19c. CAUSE OF INJURY 19c	DUE TO, OR AS A CONSEQUENCE OF ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 10c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 10c. R. CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 11c. EITHER NOTIFY MEDICAL EXAMINER) 10c. NOT WHILE NOT WHILE 10c. ALL OR INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 11c. CERTIFY that (1) (this hopoital) ottended the deceased from sobove, (1) (we) (did/right fibt) view the body ofter death. 12c. NAME OF CEMETERY OR CREMATOR 12d. CREMATION, REMOVAL 12db. DATE 12dc. NAME OF CEMETERY OR CREMATOR 12dc. ALL CREMATION, REMOVAL 12db. DATE 12dc. NAME OF CEMETERY OR CREMATOR 12dc. ALL CREMATION, REMOVAL 12db. DATE 12dc. ALL CREMATION REMOVAL 12db. DATE 12dc. ALL CREMATOR 12dc. ALL CREMATION REMOVAL 12db. DATE 12dc. ALL CREMATOR 1	DUE TO, OR AS A CONSEQUENCE OF (c) ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (DATE OF OPERATION IP CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. (INC.) (A. ACCIDENT WAS UNDERLYING



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWNY MONTH 75 HOUR (THE DEPEND OF ESTI-Milligan Paul 13,086 1018 Albert DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR 2c. DATE LAST BIRTHDAY) MONTHS PRONOUNCED 13 1.86 1018 10 92 93 YRS DEAD White TA BIRTHPLACE ISTATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico Maryland DIVORCED [WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Farming Peninsula General Hospital Salisbury DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Westover YES [NO PFD IL FATHER'S NAME IS. MOTHER'S MAIDEN NAME MEDILE MIDDLE Albert Marv Nelson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT I HE YES. GIVE WAR OR DATEST 219-34-4052 Mrs. Doris P. Milligan Westover War 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease vears DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gow rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CHEF MEDICA EUSED AS A B ILOF HEALTH A 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TE, WRITING THE WORL
SPWARDED TO THE CH
REPAGE 3 SHOULD BE U
ESTATE DEPARTMENT.
D, 21201 PRIOR TO BURR YES [] NO T 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 22a. I certify that I took charge of the remains described above, held on and in my opinion Notural couses X death resulted from: Accident Homicide / Undetermined monner TITLE (SPECIFY) 8-13-86 Deputy Salisbury, Maryland Bulkelev. M.D. (TYPE OR PRINT) ADDRESS. 23¢ NAME OF CEMETERY OR CREMATORY St. Andrews Princess Anne; Somerset, Md. Burial 07/84 25M 24-FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

TENET FM BLOC IN SE deliney Teninsala (moorel Hospital : and ng Destruction of the land of the state of the togramoStorna manocini mento di Anta Alla

STATE OF MARYLAND

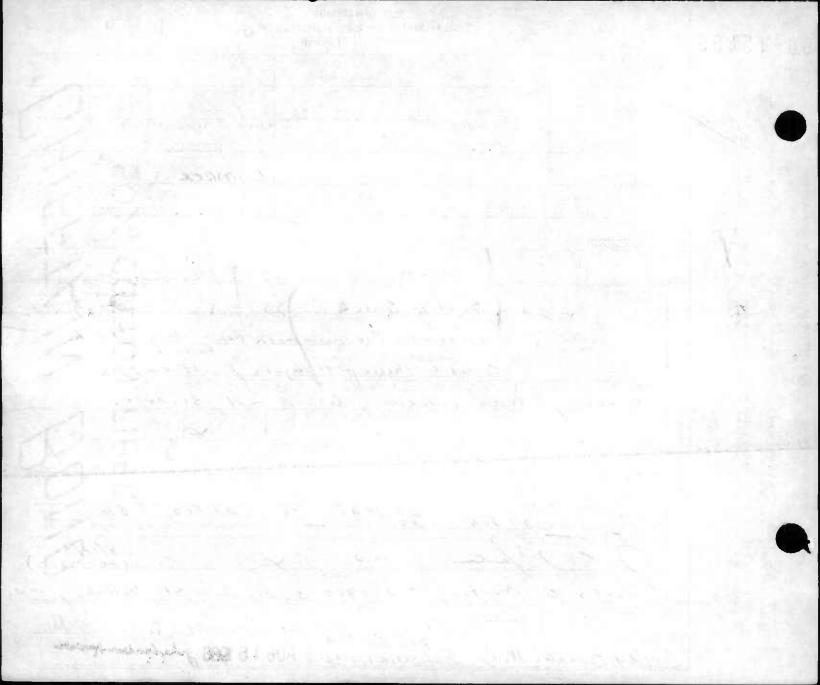
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

FOR STATE REGISTRAR			T OF HEALTH A	OF DEATH	, 0	2 4 REG. NO.	1	0	
DECEASED NAME FIRST	MID	DOLE	LAST		20 DATE OF DE		DAY	YEAR 2	No HOUR
(TYPE OR PRINT)	ОНИ		MILL	C	- 100	2	27	86	AA
. SEX	4. RACE	5.	DATE OF BIRTH		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDE	R I YEAR I	F UNDER 24 HRS
MALE	NEGRO			27 26	5	9 YR	MONTHS	DATS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WE	HAT COUNTRY? 8				CITY OR COUN		ATH	
GEORGIA	U.S		MARRIED L. NE	DIVORCED T	T.	ICOMICO	,		MD.
CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING H	OME OR OTHER		12a USUAL OC	CUPATION	12b.		BUSINESS OR
SALISBURY		FACILITY, GIVE STREET ADDR H MEDICAL				RMOST OF WORKING	G LIFE) IND	USTRY	
LAL RESIDENCE LIE NURSING HOM	E OR OTHER INSTITUTION GI	WE RESIDENCE BEFORE ADM	AISSION)					-2/	7111
	VICOMICO	3. CITY OR TOWN FRUITLA	I A	IDE CITY LIMITS?	301 AP		OUIS	AVE	8 dG
FATHER'S NAME	TCOMICO	FRUITLA	TAD -	HER'S MAIDEN NA	W V 1 1	T. C. I	OUTS	AVE	
WILKES	WIDDIE	LAST NATE TO		FIRST	M	NODLE	Dr	LAST	
WILKES WAS DECEASED EVER IN U.S.	ARMED FORCES? III	MILLS 6b SOCIAL SECURITY	Y NO 17 INFO	EVA DRMANT		ST.LUKE		ELLE	
(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)		200		011 760				
NO		255-30-31		RY POLK B	UX /69	FRUITLA		APPROXIMA	ATE INTERVAL
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r anly ane couse per lir JSED BY:	Seatic	-	,			-	ETWEEN ON	SET AND DEATH
gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR A	AS A CONSEQUENCE	EOF	with Hepa	tic In.	Fuilure sufficie	ney		
PART 2. OTHER SIGNIFICAN	NT CONDITIONS CON	TRIBUTING TO DEA	TH BUT NOT REL	ATED TO THE TERM	INAL DISEASE O	RCONDITION	GIVEN IN I	PART Ira	
Pulmonan	, 1000	e- culos	15	Granci	mal	Sei 2	Lure	5	5
19a DATE OF OPERATION	196. CONDITIO	ON FOR WHICH OPI	ERATION WAS P	PERFORMED	200 AUTOPS		YES, WERE RTIFYING (YES [
210. ACCIDENT WAS UNDERLYING				W INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR	PART 2)	
OR CONTRIBUTING CAUSE OF	DEATH	. MONTH DAY	19						
(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF			CATION	C	ITY OR TOWN	СО	UNIY	STATE
22a 1 certify that (1) (this he	ospital) attended the	deceased from			, to	Fe 5			at (I) (we) last
saw the deceased alive above, **(we) (did) (did	on view the body of	fter death.	ond that in	(my) (out) opinion	death accurred a	n the date and	hour and f	om the ca	uses stated
276 SIGNATURE	72/2	<u> </u>	DEGREE M.O	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN [22	SALESI 8/12	SNED C
22d. PHISICIAN'S NAME (TO	PE OR PRIM	tio M		DDRESS	niviei.	5¥	5,	lish	يىلىم رىمى دى
BURIAL CREMATION, REMOV		23c NAM	NE OF CEMETER	OR CREMATORY	23d LOCATION CITY OR	ON IOWN	MI COUN	TY CC	N/o
FUNERAL DIRECTOR	1 1	D4	26019		E REC'D. BY REG	ISTRAR 256 REC	SISTRAR'S	SIGNATUR	RE
Talley Fune	RAI HOME	Salis	bury,1	MD AU		6 July	Davida	miller	pare

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



			FOR		TE OF MARYLAND HEALTH AND MENTAL H	YGIENE O 4 5	8
na -	-15156		STATE REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATEO	FREATH REG. NO.	. 0
0	10107		CEASED NAME FIRST	WIDDIE	LAST	20 DATE KNOWN X MONTH	DAY YEAR 26. HOUR
	% % % % F.	{ I YF	EOR PRINT) Louis	H.	Mosse J	OF ESTI- DEATH MATED 8	3 1986 121
	RECTOR. UR FILES. THOURS N STREET,	3. SE		TE OF BIRTH 6. AGE (IN YE	ARS IF UNDER 1 YR. IF UNDER 2	24 HRS. 2c. DATE MONTH	DAY YEAR 28. HOU
	S S S S S S S S S S S S S S S S S S S	×	Tale Black 12		MOUNT DATE HOURS	MIN PRONOUNCED DEAD 8	3 1986 121
216	NATE A	fa. B	RTHPLACE (STATE OR 7b. CI	TIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIE	9 BALTIMORE CITY OF COUNT	
	MECESSA S HOR WITHIN		REIGN COUNTRY) FIA	U.B.	WIDOWED DIVORCE	□ Wicomico	WE
15	STAR BE	V	(H	AME OF HOSPITAL, NURSING HOME NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
1	AL Z WA			eninsula Genera	l Hospital	HADOLLE	10101
21207	AND	13a. S	TATE MO SCOUNTY	OM, Prince SS H	IN E YES NO SE	805 CAMPUS, Plas	4853
E, MD.	TO BE BE) K. F.	LOUIS H. Mass	E ST. LAST	15 MOTHER'S MAIDEN	The Hanna	LAST
MO	DAYON -		AS DECEASED EVER IN U.S. ARMED FO	DRCES? 166. SOCIAL SECURIT	NO. 17. INFORMANT	ADDRESS	
BALTIMORE	S AFTE GIVE P PAGES VISION			946 267-24-2	1897 JOHN G	f. Moss-Princess	
	And the second second		18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	1 11 11 11 11 11 11			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST	IIN 24 HO IN ITEM 1 R ALONG ISIT PERM HYGIENE MOVAL.		IMMEDIATE CAU	Jac (u)	monary Arres	t	mins.
EST	NO WOO		Canditions, if any, which	DUE TO, OR AS A CONSEQUENCE			-
er.	RAN TAI		gave rise to immediate	(b) Carcinoma			3 years
201 W.	HER; THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSTE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 19 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG OR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE (OF .		
DS,	EXECU NG" ICAL I AND HAND	9	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB	(<)UTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART		
RECORDS,	BE EDION SA PER	Z		Diabetes			
	PENDI PENDI PED AS A ED AS A L' CREA	ATI	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPER			20. AUTOPSY?
I	WORD "PE WORD "PE WE CHIEF A BE USED A ENT OF HEA	FF					YES NO X
OF VITAL	ATE S E WC ID BE O BU	CERTIFICATION	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR	
NO	ARTA OULL PER POLICE AND A PER POLICE AN	MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19			
DIVISION	SERTIF TING TING 3 SHO PRIO PRIO	ED	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN COU	NTY STATE
ā	THIS CHIS CHIS CHIS CHIS CHIS CHIS CHIS C	2	WHILE NOT WHILE AT WORK	STREET, FACTORT, FARM, ETC.)	STREES	CITY OK TOWN COU	VITY STATE
	ND, ND,		220. I certify that I took charge of th	e remains described above, held an	Autopsy , Inspection	x, Inquiry X ond in my api	nion
	EXAMINE CERTIFICA JLD BE FO DIRECTOI WITH THI		death resulted from: Natural cou	ses X, Accident L, Su	icide, Homicide,	Undetermined monner,	
	WAN WAR		ACTUAL		TITLE (SPECIFY)	DATE	0.7.00
	A HE SHE	1	SIGNATURE		Deputy	MEDICAL EXAMINER SIGNED	8-3-86
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE.) PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PY AFFER DEATH, WITH THE SITE BARTIMORE, MARYLAND, 2'		EXAMINER'S NAME JOHN T	Bulkelev. M.	D. ADDRESS Sal	isbury. Maryland	
	545 P F 8 -	23a.B	JRIAL, CREMATION, REMOVAL 236 DA		METERY OR CREMATORY	1234 ADCATION.	
07/B4	BP		BURIAL 81	9/86 Oriola	cem,	Criole Som	
25M	DHMH - 17	24 F	INERAL DIRECTOR	10000 1 -1	/ AAA / 250. DATE RI	1 1 0 4000	
	(VR A15 ME (5))	B	MIRONY KIWAI	d CristiEld	11141 400	1 7 12 128p / mm mm/400	Lampling Indiana

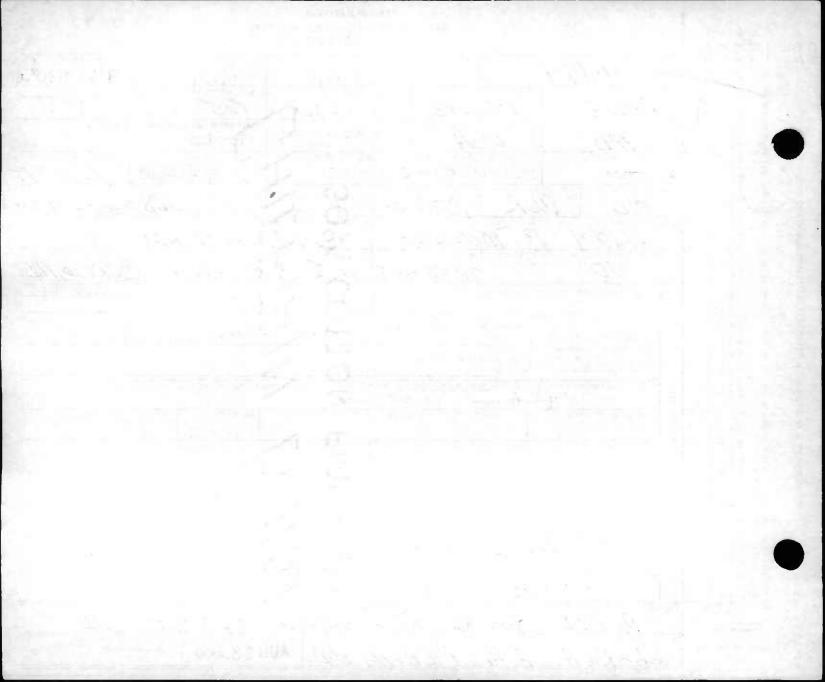
0000 - 300 (125°)

(VRA 15, 4)

STATE OF MARYLAND

2	4	ì	6	9
-				

E200	1.	FOR STATE REGISTRAR	DEPARTI		ALTH AND MENTAL HYGI CATE OF DEATH	ENE 2 REG. NO	4 ! () 7	
3300		THARRY	MIDDLE	Mo	zingo	20. DATE OF DEATH	T 9 (986	26. HOUR 2130 M
T open	1. SE	MALE	1. RACE WHITE	5. DATE OF	-17-20 YEAR	6. AGE (IN YEARS LAS) BIRT	YRS.		HOURS MIN.
Media Po		COUNTRY) MD	76. CITIZEN OF WHAT COUNTRY?	WIDOWED	NEVER MARRIED U	9 BALTIMORE CITY OF WICOMICO			MD.
NIST	Sa	lisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Peninsula Gener	al Hos	other institution pital	120. USUAL OCCUPATION STORES OF WORK FOR MOST OF		b. KIND OF	RCARF
135	13a. 3	TATE OF THE STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	IN	3d. INSIDE CITY LIMITS?	28 GR	ZIP CODE	RT.	- 218/
11/30	JA: F)	HARRY I	3. MOZING	0	S. MOTHER'S MAIDEN NAM	M2/	VG0	LAST	
Pe sure		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWNELL (IF YES, GIVE	MED FORCES? 166. SOCIAL SECU (WAR OR DATES)	4245	N. J. M	02/NG2	5 13	GRL.	w, Mo.
physicic on poper emoval. event, th		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), ar) BY: E CAUSE (a)	nd (c).)	ente myoc	arded Inja	rehon -	APPROXIM BETWEEN O	ATE INTERVAL NSET AND DEATH
death ce otherding ever corb han, or r oumafic	mending ve corbi ion, or n sumafic.	Canditians, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF	A therese	lerosis		ia.	
by the rate return of a crimor rather tr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF					
equires. Then plans Th	NOI	PART 2. OTHER SIGNIFICANT C	entension, Ch	DEATH BUT N	4	nal disease or cone	ITION GIVEN IN	PART Ita	
he for	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES		
CGAN; To physic of physic	1.7	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATHER NOTIFY MEDICAL EXAMINER	TH HOUR A.M. MONTH D		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 C	OR PART 2)	
ortendin ter tha c is the but hed or t	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		211 LOCATION STREET	CITY OR TO	VN C	OUNTY	STATE
TTENDIN Direct or TOR: At for use of theolif 21 is mo		220.1 certify that (1) (this haspital) attended the deceased fram							
AL OF A the host AL DREC Jenosched one Dept		22b. SIGNATURE	de amod	O DI	ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE S	II/86
HOSPITA Sined by D FUNERA ould be de th the Stor		224. PHYSICIAN'S NAME IN PEOP	BAL AGARWAL		Payme				
BP	23a. i	BURIAL, CREMATION, REMOVAL SPECIFY AURAL		NAME OF CE	METERY OR CREMATORY	23d LOCATION THURSDAY	avi, cou	M	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR	E. H. PE	PLIL	MA 25a. DATE	REC'D. BY REGISTRAR 6 1 3 1986	15b. REGISTRAR'S	SIGNATU	RE



mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	2	4	1	7	U
	REG. NO.					

1 DE	REGISTRAR ECEASED NAME FIRST	MIDDLE	LASI	REG. NO.	HOUR
		ret H. Murphy			45
3. SE	x Female	4. RACE White	5. DATE OF BIRTH October 0.20, 19		INDER 24 HRS
	MRTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	76. CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED NEVER MARRIED WIDOWED \(\begin{arrie}\text{MONORCED} \\ \text{DIVORCED} \end{arrie}\)	9 BALTIMORE CITY OR COUNTY OF DEATH	MI
SAI	LISBURY	Deer such Head Ce		120 USUAL OCCUPATION 126. KIND OF BU (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RETIRED SEAMSTRE\$S SHIRT	1
13a. MA1	RYLAND WI		A SPRINGS NO [BOX 183/ 21837	
	ATHER'S NAME FIRST THOMAS	B. HOWAH	15. MOTHER'S MAIDEN RD MAGGIE	MIDDLE LAST RIGGI	N
		ARMED FORCES? 16b SOCIAL SECULE WAR OR DATES) 217-09-4			21837 Spri
N	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEC	DUENCE OF	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I	
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY	STATE
	220. I certify that (I) (this he saw the deceased alive above. (I) (we) (did) (did 22b. SIGNATURE	M. Capir	DEGREE ATTENDIN PHYSICIA	nion death accurred on the date and hour and from the caus 22c. DATE SIGN G MEDICAL STAFF	VED
	Elsa M. GO	ris, M.D.	Deer's Hea	d Center, Salisbury, MD.	
730		/AL 23b. DATE 23		DRY 23d LOCATION	

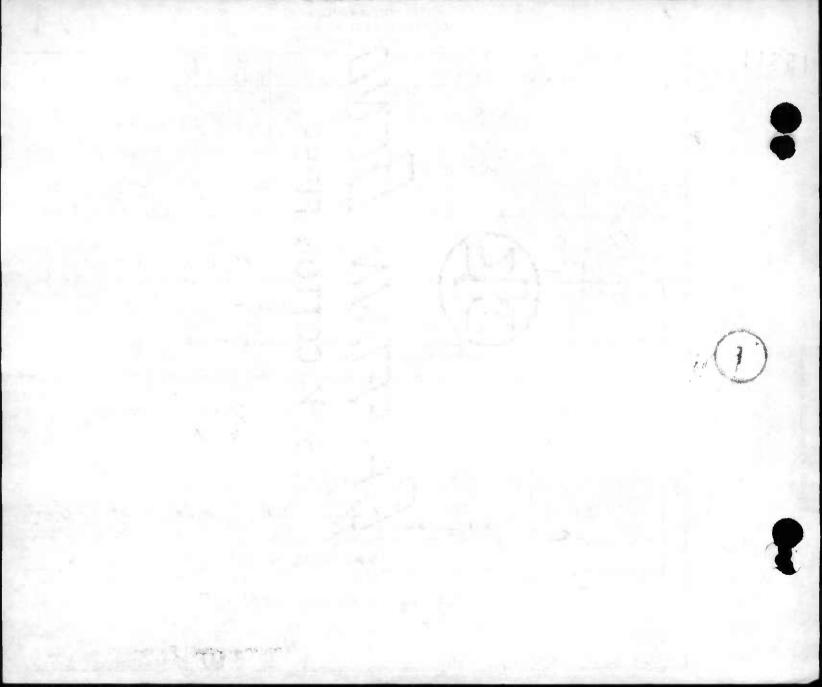
DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and to should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

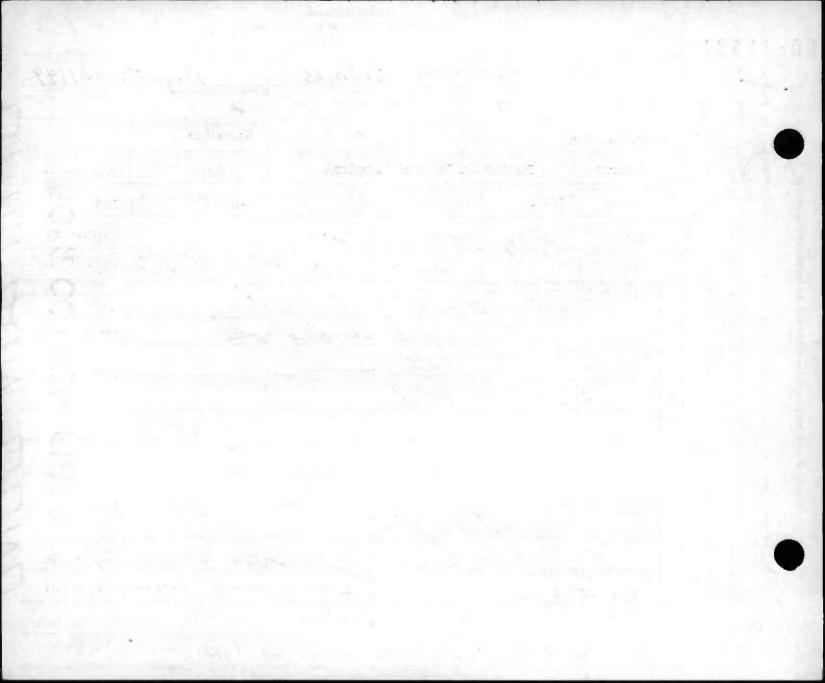
Deer's Hose Canter

FOR		STATE OF MARYLAND		
- STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H REG. NO.	241/
1 DECEASED NAM		LAST	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR
	Rhonie	NAIRNE	AUGUST 6,	1986 2347
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN
F	BIK		4 12	YRS
7a BIRTHPLACE (COUNTRY)	STATE OF FOREIGN 76. CITIZEN OF WHAT C	MARRIED NEVER MARR		DUNTY OF DEATH
Salisbur	y Peninsula C	AL, NURSING HOME OR OTHER INSTITUTION SENSET AT LEGISLATION OF THE SENSET	120 USUAL OCCUPATION (TYPE DE WORK FORMOST OF WO	RKING LIFE) 126 KIND OF BUSINESS O
SUSUAL RESIDENCE	F (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIL 13b. COUNTY 13c. CIT	HISDURY YES NO	I KHI BU	CODE Alisbury ma
14. FATHER'S NAM	et Hur MAIR	NE 15. MOTHER'S MAI	A NAIRNE	LAST
160. WAS DECEASE		1-66-4403 RWE W	Atsen X11 B4 191	ALLEN Rd Ex md 21801
18 CAUSE C	OF DEATH (Enter only one cause per line for DEATH WAS CAUSED BY	(a), (b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
gove rise couse (a) underlying PART 2 OTH	if any, which to immediate , stating the cause lost. HER SIGNIFICANT CONDITIONS CONTRIBLE	Consequence of	HE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110
. Z	Hypernephroma	of the left bed	ney	
NO 140 DATE OF	OPERATION 196 CONDITION FO	OR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 201 IN	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{VES} \)
On COLUMNIA	T WAS UNDERLYING	ONTH DAY YEAR 19	OCCURRED (ENTER NATURE OF INJURY IN	
OR CONTRIBUTE	NOT WHILE	ORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK	AT WORK			
22a I certify spw the abave, (that ((this hospital) attended the deceded deceased blive on (1) (we) (diet). In the bit y after de	1986 and that in (my) (aur)	ppinion depth occurred on the date of	
220 I certify spw the abave, (that (1) (this hospital) attended the decepted deceased place on the back of t	DEGREE ATTEN PHYS	IDING MEDICAL STAFF	22c DATE SIGNED
22a I certify spw the abave, (22a PHYSICI	that ()(this hospital) attended the decepted deceased plans on the body after decepted that the body after decepted the body a	DEGREE ATIEN PHYS 22e ADDRESS South	IDING MEDICAL STAFF	22c DATE SIGNED
220 I certify spw the above, 22d PHYSICI	that D(this hospital) ottended the decepted deceased along an another the broad after decepted to the broad after	DEGREE ATIEN PHYS 22e ADDRESS Sort	DING MEDICAL STAFF ICIAN DIRECTOR PHYSICIAN LOY RUCES LE MA ATORY 23d LOCATION SUPPLY TO A CONTROL OF THE PHYSICIAN	22c DATE SIGNED 27c DATE SIGNED 27c DATE SIGNED 27c DATE MATTATE 27c DATE MATTATE



	4 may be	or page 3
_	oth. Poge	72 hours
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OR ATTENDING PHYSICIAN, The law requires that the death certificate be executed within 24 hours with seath. Page 4 may be to hapful or ottending physician.	DIRECTOR, After this certificate has been uigned by the attending physician and completely filled in by the function director, page 3 private for use as the buriol-town deem! Then please remays contemporary and 2 should be filled with 72 hours after death.
	OR ATTE	DIRECTO

00 1100	. 1	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	0	24172
00-1463		1. DECEASED NAME FIRST TYPE OR PRINT) Pauline		. Ni	chols 1 ChoLS	REG. NO.	O. MONTH DAY YEAR 28. HOUR LAUST, 2, 1986 1149 M
ge 4 ma) ector, po	6	Female	4. RACE White	5. DATE O		6. AGE (IN YEARS LAST BIR	THAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
Of Por	新月	70. BIRTHPLACE ISTATE OR FOREIGN Eden, Maryland	7b. CITIZEN OF WHAT COU	MARRIED WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O Wicomico	R COUNTY OF DEATH
5	80	Salisbury	Peninsular C			12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Cashier	
AND 2120	#	USUAL RESIDENCE IF NURSING HO 13 STATE Delaware	ME OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 130 DELT	CE BEFORE ADMISSION) OR TOWN OR	13d. INSIDE CITY LIMITS? YES NO	134 STREET ADDRESS /	ZIP CODE 19940 99999
MARYLA ed within majeraly ond 2 sh	100	FATHER'S NAME William	James Murro	ast ay	Lottie	WIDDLE	Smith
MORE, e execut	Medical	160 WAS DECEASED EVER IN U.S.		14-3950	P.O. Box 33	. Brenda Ĵ. V 5, Delmar, D	Nootten (Daughter) Pelaware 19940
T. BALT Histore b physicia negogen	and the	PART I. DEATH WAS CA	er anly ane cause per line for (a), AUSED BY: DIATE CAUSE (a)	Treede	Felent	26	APPROXIMATE INTERVAL BETWEEN QUSET AND DEATH
1 W. PRESTON S that the death cer By the attending over remove corbs all cremation, or re	oy recover corbo	Conditions, if any, whic gove rise to immediat cause (a), stating th underlying couse las	DUE TO, OR AS A CON	eph	Carpen	yoll	ge Z
RECORDS, 20 lose requires strengt Them place ement Them place ement Them place	uny injury, o	PART 2 OTHER SIGNIFICATION 190 DATE OF OPERATION	INT CONDITIONS CONTRIBUTION LES PLES 196. CONDITION FOR	letus		AINAL DISEASE OR CON	20b. IF YES, WERE FINDINGS USED
A 40 44	\mathcal{A}	21g. ACCIDENT WAS UNDERLYIN	G [] 21b. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VIT NO PHYSICIAN Outfor this certifical state this certifical the condition of the burder trond the ond Mentol Hyse	orked or Item 18	OR CONTRIBUTING CAUSE (OR CONTRIBUTING CAUSE (OR EITHER, NOTHY MEDICAL EXA 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WOR	P.M. 21e PLACE OF INJURY	19	211 LOCATION STREET	CITY OR TO	33
DIN ATTENDING Spital ar a CTOR: After Afor use as	n 21 is mork	27a I certify that (I) (this I sow the deceased oliv abave, (I) (we) (did) (d	haspital attended the abcound	19		death accurred an the do	19 SE, that (I) (we) last ate and hour and from the causes stoted
TAL OR you the howard DIRE detached to the Dept.	NT: # Hen	226. SIGNATURE	711	-	ATTENDING PHYSICIAN	MEDICAL STAI	
O HOSP found I	APORTA	J G. CREE	UMD				Salisbury, Md. 21801
944BP	9	230. BURIAL, CREMATION, REMO	23b. DATE 8/5/1986		emetery or crematory s Cemetery	Salisbury,	, Wicomico, Maryland
DHMH - 16 60M (VRA 15, 4		24 FUNERAL DIRECTOR Hollioway Fune	ral Home, P.A.,	Sälisbury,	Maryland 250 DA	G 7 1986	25b. REGISTRAP'S SIGNATURE



12
021
MARYLAND
W.
, BALTIMORE,
10
PRESTON
>
>
201 W.
L RECORDS,
4
VII
9
DIVISION OF VITA

777	1.	STATE REGISTRAR			VEP	CERTIF	ICATE OF DEATH	GIENE	REG. NO	La org		
poge 3 er death		CEASED NAME OR PRINTS	FIRST ARRIET		MIDDLE	PARIZ	DT .	20. DATE O		1986	YEAR	26. HOUR 5=40 F
No.	3. SP	Female	4.	RACE White		5 DATE C	DAY YEAR		YEARS LAST BIRTH	MONTE	DER I YEAR	IF UNDER 24 HRS
6	Za. B	RTHPLACE (STATE OR FO	Y 7b.	CITIZEN OF	WHAT COUN	MARRIE WIDOWE	- V	1	ORE CITY OR	COUNTY OF	DEATH	~
6	Sa	lisbury	D	BER S	CH FACILITY, GIVE	URSING HOME (STREET ADDRESS) Center	DR OTHER INSTITUTION	12a USUA	L OCCUPATION		L KIND O DUSTRY Insur	BUSINESS O
examine must be coffed the	13a.	AL RESIDENCE IN NURSIN	BL COUNTY		GIVE RESIDENCE 13c. CITY OR Crist	BEFORE ADMISSION) TOWN Tield	13d. INSIDE CITY LIMITS?	306	ADDRESS / Somers	ZIP CODE Cove A	pts.	21817
examine	14. F/	THER'S NAME FIRST Edward	MID	DLE	Turner		15 MOTHER'S MAIDEN N Carrie	AME	May		Carme	
emayal.		VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARME (IF YES, GIVE W			SECURITY NO. 0-6274	Holly M. Ri	ggin -				104
een signed by the attending it. Then please remove carbo ior to burial, cremation, ar re by injury, or other traumatic e	NOI	Conditions, if any, gave rise ta imme cause (a), stating underlying cause	ediate the last.	(b) DUE TO, O	R AS A CONS	SEQUENCE OF	Blad de	RMINAL DISEA	se or cond	ITION GIVEN II	N PART 110	
e pr	CERTIFICATION	19a DATE OF OPERATION	ON	19b. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20e AU YES [TOPSY?	20b. IF YES, WE IN CERTIFYING YES		
burial-trace Mental Hy ar Item 18	MEDICAL CEI	21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d, INJURY OCCURRE	USE OF DEATH L EXAMINER)	P. 21e. PLACE	M. MONTH M. OF INJURY	H DAY YEAR 19	21t. HOW INJURY OCCI 21f. LOCATION STREET	JRRED (ENTER	CITY OR TOW		OR PART 2)	STATE
for use as of Health 21 is mart		22a. I certify that (I) (t sow the deceased abave, (I) (we) (dic	this haspital	8-1	3	De	nd that in (my) (aur) apinio	6, to	red an the dat	19_ te and hour and	PB.	hat (I) (we) la
ERAL DIRECTOR: the detached for us State Dept. of He ANT: If Item 21 is		22b. SIGNATURE	SI	100	M. K.	1.10	DEGREE ATTENDING PHYSICIAN	MEDICA DIRECTO	L STAFF R PHYSICI	1	224. DATE	IGNED /3-87
should be det with the State IMPORTANT:		Kyung,	Ook Y		1.D.		Deer's Hea	d Cent	er, Sa	lisbur	v. Mc	1. 218
u > >	23a	BURIAL, CREMATION, RI		23b. DATE 8/16/8	36		emetery or cremator dge Cemetery		Sileld	- Some	rset	- MD

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Sons - Crisfield, MD 21817

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

See Suppose to the second of t

ation of the same of the same

Sallebury - Deli's thead Contact - Core

AGNORA ON CATTON CONTROL DECOMES AGNORATED TO A CONTROL DECOME

Crars on historia, a think of the Marketine of the Crars of the Crars

Inverse, the Years, ... Constituted in all states and and another than a state of the states and a state of the state of t

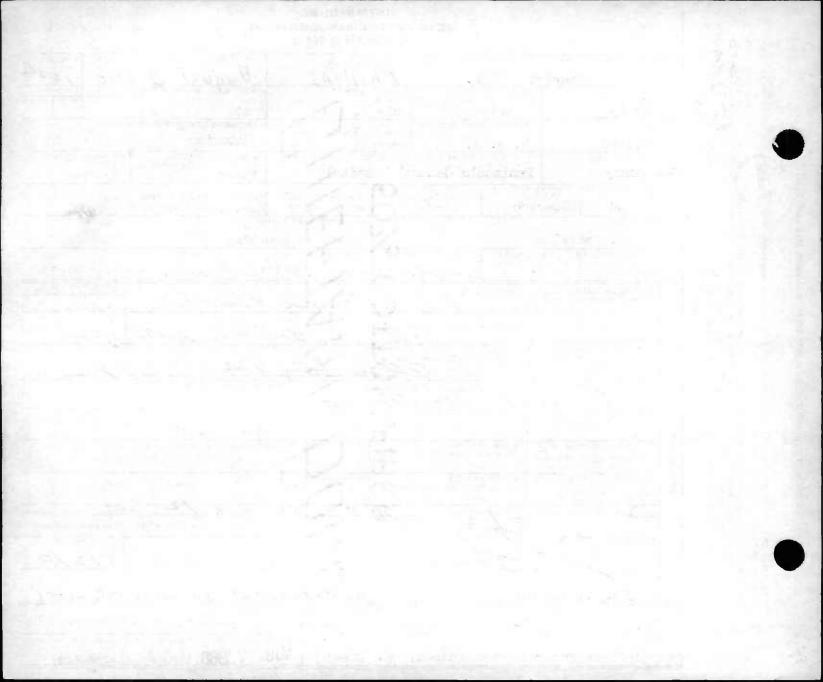
epolicies of the contract of the second of the second of

		ST	A	T	E	0	F	M	A	R	Y	L	Al	NI	D	
		 -	_											-		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	0	A	3	7	gion
6	2	(fin)	2	8	

U	- STATE REGISTRAR			EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST PE OR PRINT) Mauri	ce L.	Ph	Milibs	QUUIST)	1986 10
3. SI		4. RACE	S. DATE Ó		6. AGE (INVEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER
1	Male	White	July	7, 1919 YEAR	67 YRS.	MONTHS DAYS HOURS
5 1	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUN U. S. A.	TRY? 8. MARRIED WIDOWEI	DI DIVORCED	9. BALTIMORE CITY <u>OR</u> COUNT WICOMICO	Y OF DEATH
11	alisbury	11. NAME OF HOSPITAL, NU PENINSULA GET	URSING HOME O STREET ADDRESS! Neral Ho	ROTHER INSTITUTION Spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Farmer	12b. KIND OF BUSINE INDUSTRY Produce
USU 13a. M	JAL RESIDENCE (IF NURSING HOME OF STATE 13b. COL aryland Wico	or other institution give residence JNTY 13c, CITY OR Marde			130.STREET ADDRESS / ZIP COD R.F.D. #1 Box 80	
11/1/2	ewis A. Phillip	MIDDLE LAST	T	15. MOTHER'S MAIDEN NAM Letitia Sho	ckley	LAST
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL	SECURITY NO.	17. INFORMANT	ADDRESS	
1	Tes WM		-4109	Wayne L. Phil	lips Mardela, Ma	
5	18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b)	b), and (c).)	0 1	11. 5	APPROXIMATE INTER BETWEEN ONSET AND
		ATE CAUSE (a)	Greet	Congest	Heart Tale	apac
	VIII CONTRACTOR	DUE TO, OR AS A CONS	SEQUENCECE		100000	
5	Canditians, if any, which	(b)	alla	and all	le Le Cles Le	- Ju
	gave rise to immediate)				
other	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF	u Ley	Den	gr
NOI	underlying cause last.	(c)	Oh	NOT RELATED TO THE TERMI	Dave NAL DISEASE OR CONDITION GI	VEN IN PART Ito
TIFICATION	underlying cause last.	(c)	TO DEATH BUT	NOT RELATED TO THE TERMI	200 AUTOPSY? 206. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT
CAL CERTIFICATION	underlying cause last. PART 2 OTHER SIGNIFICANT	(c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR W CALL 19b. TIME OF INJURY HOUR A.M. MONTH	G TO DEATH BUT	WAS PBRIGRAED	200 AUTOPSY? 206. IF YE	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT ES NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	(c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR W CALL 19b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	WAS PBRIGRAED	200 AUTOPSY? 20b. IF YE IN CERTI	ES, WERE FINDINGS USED IFYING CAUSES OF DEAT ES NO PART LOR PART 2)
1 4	UNDERLYING COUSE TOST. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH FER) 21c. PLACE OF INJURY	TO DEATH BUT IN THICH OPER IT IN THE IT.	WAS PERFERENCE 21c. HOW INJURY OCCURR 211 LOCATION	200 AUTOPSY? 206 IF YE IN CERTINGERT	ES, WERE FINDINGS USEI IFYING CAUSES OF DEAT ES NO PART 1 OR PART 2)
1 4	Underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. Lertify that (1) (this has, saw the deceased alive of	CONDITIONS CONTRIBUTION 19b. CONDITION FOR W 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	TO DEATH BUT IN THICH OPERATE IN THE INTERPRETATION OF THE INTERPR	WAS PERFERENCE 21c. HOW INJURY OCCURR 211 LOCATION STREET 30 , 19	200 AUTOPSY? 206 IF YE IN CERTINGERT	ES, WERE FINDINGS USEI IFYING CAUSES OF DEAT ES NO PART LOR PART 2) COUNTY S , 19 5 that (1) (v
MEDICAL	Underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. Lertify that (1) (this has, saw the deceased alive of	I 19b. CONDITION FOR W I 19b. CONDITION FOR W I 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF INJURY) (at Home, STREET, FACTORY, OF INJURY)	TO DEATH BUT IN THICH OPERAT 19 FFICE, FARM, ETC.)	WAS PERFERENCE 21c. HOW INJURY OCCURR 211 LOCATION STREET 30 , 19	200 AUTOPSY? 201 IF YE IN CERTINGERT YES NOT THE NATURE OF INJURY IN ITEM 18 CITY OR TOWN Leath accurred an the date and ha	ES, WERE FINDINGS USEI IFYING CAUSES OF DEAT ES NO PART () OR PART 2) COUNTY S , 19 5 that (1) (v
MEDICAL	Underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a1 Certify that (I) (this has saw the deceased alive a above, (I) (we) (did.) (did.)	19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	TO DEATH BUT IN THICH OPERAT 19 FFICE, FARM, ETC.)	21c. HOW INJURY OCCURR 211 LOCATION STREET 20 , 190 C d that in (my) (aur) apinian a DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? 20b. IF YE IN CERTIN YES NOT	COUNTY S 22. DATE SIGNED
MEDICAL	UNDERLYING COUSE TOST. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 27d Lertify that (I) (this has, saw the deceased alive a above, (I) (we) (did.) (did.) 27b. SIGNATURE	Ic) CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	TO DEATH BUT IN THICH OPER 1 19 FFICE, FARM, ETC.) TOTAL TOTAL	21c. HOW INJURY OCCURR 211 LOCATION STREET 20 , 190 C d that in (my) (aur) apinian a DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? 201 IF YE IN CERTINGERT YES NOT THE NATURE OF INJURY IN ITEM 18 CITY OR TOWN Leath accurred an the date and ha	COUNTY STATE SIGNED



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the haspital ar attending physician

BP.

6

may be

I director, page 3 hours after death

injury, ar ather traumatic event, the medical

IMPORTANT: If Irem 21 is marked ar Irem 18 short

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remaval.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

a blow		4	- 24
"	63	8	1
Sec. 10		3	

D BY REGISTRARYSS. REGISTRAR'S SIGNATURE
7 1986 Julia Davidson Hondare

250 DATE REC D.

AUG 27

- STATE REGISTRAR			CERTIFICATE O	F DEATH	9 0	REG. NO.	3 (4
DECEASED NAME	FIRST	WIDDLE	LAST		2e. DATE OF DE		Y YEAR	26 HOUR
(TIPE OR PRINT)	Herbert	Lee	PITTMAN	4	August	15. 1986		6 AM
Male.	N.	2910	DATE OF BIRTH MONTH DA May 20		6 AGE (IN YEARS		UNDER I YEAR	IF UNDER 24 HRS. HOURS AIN.
BIRTHPLACE (STATE O	DR FOREIGN TE CITIZET	11 1 1 1	MARRIED NEV			CITY OR COUNTY O	FDEATH	MD
Salisbu	(IF NOT	FOF HOSPITAL, NURSING	HOME OR OTHER I		12a USUAL OCC		NOUSTRY	F BUSINESS OR
30. STATE	URSING POME OR OTHER INSTITUTES IN STATE OF THE STATE OF	UTION, GIVE RESIDENCE BEFORE AI	DMISSION) 13d. INSID YES	NO 🗍	010	ORESS / ZIP CODE	21	851
FATHER'S NAME	MIDDLE R IN U.S. ARMED FORCE	PH LAST EST 116h SOCIAL SECURI	TY NO. 17. INFOR	ER'S MAIDEN NAM)	ADDRESS ADDRESS	14	1
(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DA	215-38-0	746 Hel	en fitti	nan	Sollu.	Still	St.
18 CAUSE OF DE	WAS CAUSED BY: IMMEDIATE CAUSE		of Lu	ng Lost	h me.	tastasic	BETWEEN	ONSET AND DEATH
Canditions, if a gove rise to i cause (a), sto underlying cau	my, which mmediate biting the DUE I	O, OR AS A CONSEQUEN O, OR AS A CONSEQUEN C)		V				
	mabeles M	ns contributing to de	ATH BUT NOT RELA	TED TO THE TERMIN	nal pisease o	r condition given	V IN PART 10	0
19a DATE OF OPEN	RATION 19b. C	ONDITION FOR WHICH O	PERATION WAS PE	RFORMED	20a AUTOPS	Y? 20b. IF YES, IN CERTIFY! YES	WERE FINDIN ING CAUSES	
OR CONTRIBUTION OF	CAUSE OF DEATH HOL	ME OF INJURY JR A.M. MONTH DAY P.M.	YEAR 19	v injury occurre	ED (ENTER NATURE	OF INJURY IN ITEM 18 PAR	T I OR PART 2)	
(IF EITHER, NOTIFY M 21d INJURY OCCU WHILE NOT AT WORK		ACE OF INJURY ME, STREET, FACTORY, OFFICE, FAR		REET		ITY OR TOWN	COUNTY	STATE
saw the dece abave, (1) (we	(!) (this hospital) attend ased alive an	8/15 19 8		my) (our) opinion d	eath occurred o	n the date and havi c	and from the	
22b. SIGNATURE	M. She	ette	DEGREE		MEDICAL DIRECTOR	STAFF PHYSICIAN []	8 ·	15-86
Maheswa	NAME (TYPE OR PRINT) Ari Shresth		Dee	r's Head	Center,	Salisbury	, Md.	21801
30 BURKA, CREMATIO	N, REMOVAL 23b. DA	TE 23c. NA	ME OF CEMETERY	OR CREMATORY	23d. JOS ATIC	ON		

DHMH - 16 60M 7/84

FOR

(VRA 15, 4)

11 10 50

to the state of th

Wiles uri Throstin, M.O. Deer's mead Sensor, i Tesony, No. 21801

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

in		
E 1	•	

1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	O.		,
	CEASED NAME FIRST OR PRINT) BLANCHE		MIDDLE EE	Ä	Jolk	2a. DATE OF DEATH	MONTH	1984	III HOOK
3.55	FEMALE	4. RACE NEGRO		5. DATE O	PE BIRTH	6. AGE (IN YEARS LAST BIR	YRS.	MONTHS DA	YS HOURS MIN.
	MD MD	U.S.A.	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O Wicomico	OR COUNT		MD
S	alisbury	Penins	ula Gener	al Ho	spital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF DOMESTIC	OF WORKING LI	FE) INDUST	D OF BUSINESS OR RY DUSEWIFE
	AL RESIDENCE (IF MURSING HOME OR STATE MD WICO	ITY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN FRUITLA	1	13d. INSIDE CITY LIMITS? YES NO []	300 POPLAF	ZIP COD	APT. 1	102, 21826
	TTLETON	WIDDLE	CANNON		IS. MÖTHER'S MAIDEN NA/	WIDDLE	264		TERS
	WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	220 -09 -		MARGARET F.			BOX 8	21826
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	D BY: "E CAUSE (o) DUE TO, O (b) DUE TO, O (c)	OR AS A CONSEQUE	NGE OF	Cancer				ROXIMATE INTERVAL EN ONSEL AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT (NOT RELATED TO THE TERM	200 AUTOPSY?	20h IF YE IN CERT	S, WERE FIN	IDINGS USED SES OF DEATH? NO
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	DE INJURY .M. MONTH DA .M. OF INJURY	Y YEAR	21c. HOW INJURY OCCUR				
MEC	WHILE AT WORK 220.1 certify that (1) (this hasping sow the deceased slive an above, (1) (we) Adid) (blid and above, (1) (we) Adid) (blid above, (1) (w	(AT HOME, ST	he deceased from		SIREET 8 19 19 19 19 10 10 10 10 10 10	CITY OR TO	8/	ur and fram	6, that (I) (we) last the causes stated
	221-SIGNATURE	- 1	4.0		DEGREE			22c. D	ATE SIGNED

ATTENDING PHYSICIAN

22e ADDRESS

ST. MARY'S

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

23b. DATE

8-11-86

BURIAL

Division

STATE

MD

BAPTIST CEN PRINCESS ANNE SOMERSET

910 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

with the many that it is the

0	-8174	11-	22a date :	FilmG			MENT OF H	EALTH	ARYLAN AND ME	ENTAL HY	0.0	Air	2	4	1 7	7	
	0114	1 00	REGISTRAR CEASED NAME	CIDCT	MED	MIDDLE	EXAMIN	R'S C	ERTIFIC	CATE OF	DEA		REG.	-			100
	以成成的		E OR PRINT) ROS	se .		Н.		F	or te	er		OF	EST!- MATED	8 D	26	86	0 2 3
	PRECIO	1 5E	emale Whit	N	DATE OF BIRTH	92	6. AGE (IN YEAR) MONTH		IF UNDER 2		RONOU DE AI	NCED	MÖNTH 8	26	YEAR 86	023
	PERSONAL STREET	FC	RTHPLACE (STATE OR REIGH COUNTRY) Maryland	7b.	U.S.A		ITRY?	MARRIE	_	VER MARRIEI				Mico	NTY OF DI		445
	F ANY DELAY IS I AND 3 TO THE PI RETAIN PAGE SHIED MOULD BE FILED RECORDS, 20 NM	ID. C	TY OR TOWN OF DEATH		NAME OF HOSP OF NOTEN SUCH FACE	ITAL, NU			R INSTITUT	TION	FOR N		PATION (TYPE OF WOR	12b. KIN	D OF BUS	
21201	ANY DE AND 3 T RETAIN HOULD B RECORDS	13a. S	TATE 113b	G HOME OR OT COUNTY	THER INSTITUTION, GIVE	13c CITY	BEFORE ADMISSION OR TOWN Lisbur		13d. INSIDE CIT	TY LIMITS?			ESS Rt	1	Bo	x 6	08
E, MD.	DEATH. IF ANY GES 1, 2, AND 3 AND 2 SHOULD OF WALL RECORD	14. F/	Joseph	M	IDDIE	Tay			CH	R'S MAIDEN Cdeli	NAME		abet		ray l č	or	
ALTIMOR	AFTER D H FORM AGES 1	160. V	VAS DECEASED EVER IN	U.S. ARMED YES, GIVE WAR		16b. SO	2 01 2		17. INFORM	lvin	Cli	ifto	ADDRE R		Box		_
RECORDS, 201 W. PRESTON ST., BALTIMORE, MD	WITHIN 24 HC INCIL IN ITEM AINER ALONG TRANSIT PERN VIAL HYGIENI OR REMOVAL.		18 CAUSE OF DEATH (I BART DEATH WAS IM Canditions, if any, gave rise to im- cause (a) stating the lying cause last.	CAUSED BY MEDIATE C which mediate	AUSE (a) Art DUE TO, OR A	eric AS A COM			Car	rdiov	asc	ulaı	Di	seas	BETWI	ROXIMATE EEN ONSET IS •	MTERVAL AND DEATH
ORDS, 2	ULD BE EXECUTED "PENDING" IN PE F MEDICAL EXAN ED AS A BURIAL HEALTH AND MEI AL, CREMATION, C	N.	PART 2 OTHER SIGNIFICANT CO Fracture	noitions cont	RIBUTING TO DEATH BI	IT NOT RELA	TED TO THE TERMIN	AL DISEASE emi	DR CONDITION	GIVEN IN PART	1 10						
ITAL REC	HOULD END WEN	CERTIFICATION	19a. DATE OF OPERATIO)N	19b. CONDITI	ON FOR	WHICH OPERA	TION W	AS PERFORM	MED?						JTOPSY?	но 🖾
DIVISION OF VITAL	R: THIS GERTIFICATE SHOULD ATE, WRITING THE WORD "PER SRWARDED TO THE CHIEF MR: PAGE 3 SHOULD BE USED A ESTATE DEPARTMENT OF HEAD D. 21201 PRIOR TO BURIAL, C.		210 EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAL		TH TIME OF P.M.	MONTH	T5, 186	Fe.	WINJURY	occurred nile	usi	ng 1	walk	18 PART 1 OR er			10 23
DIVISI	WRITING WRITING ARDED AGE 3 SH ATE DEP	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WOR	IILE T	PLACE O				ATION REG BO	ox 60	8 Z	i'on'	wRd	Sali	sbur	у Мо	1 STATE
)	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AT FER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2		22a. I certify that I tac death resulted fram: ACTUAL SIGNATURE			ribed abo		Autops ide ,	Hamici TITLE (SF	ide .		Inquiry	anner [and in my], DAT SIGI	E 8.	26 16 -8	86
	XECUTE AGE 4 S O FUNE FTER DE	-	EXAMINER'S NAME S						ADDRESS_	Sali			Md.				
7/84 5M	BP	(:	URIAL, CREMATION, REMI Burial UNERAL DIRECTOR		29/86		vergre				Re	CATION	n We	orce	ster	sta Md	
	DHMH - 17 (VR A15 ME (5))		NAME		ADDRESS		Willi		St.	SEP 2	D. BY	986	Graha	Dan do	SIGNATU AND	delle	3
			. Kirk Bu	rbage	Bei	rin	. Md.	218		OLI E	ad .		/				

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
D 2	
LAN	
ARY	
X	
ORE	
¥ .	
BAL	
T.	
NO	
EST	
0.	
3	
, 20	
RDS	
ECO	
AL R	
VI,	
O	
ON	
IVIS	
۵	

		FOR	DED A DT	MENT OF HEALTH AND MENTAL HY	CIENTS 6 9 A 1 7 B
0000	1-	STATE REGISTRAR	DEFARI	CERTIFICATE OF DEATH	REG. NO.
9990		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
poge 3 r death	11172	Gladys	s Frances	Powell	(lugust 29 1986 0905m
er d	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (JAYEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
13.00	/	Female	White	October 4, 1907	78 yrs.
100	- Bi	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
10	5	Virginia .	USA	WIDOWED DIVORCED	Wicomico MD.
by the		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH EACILITY, GIVE STREE Peninsula Gener	NG HOME OR OTHER INSTITUTION TADDRESS! TALL HOSPITAL	120 USUAL OCCUPATION (117PE OF WORK POR MOST OF WORKING LIFE) HOUSEWIFE HOUSEWIFE
Milled in Milled in Milled in Milled in Milled be for Mill	13a. S	AL RESIDENCE (IF NURSING HOME COL STATE 136, COU aryland	OF OTHER INSTITUTION, GIVE RESIDENCE BEFOR	WN 13d. INSIDE CITY LIMITS?	Brant Rd. (Rt # 1) 2/8/3
ely fer		THER'S NAME		15. MOTHER'S MAIDEN NA	AME
and and	H	enry E. Giles	MIDDLE	Leolla E.	Giles
des de la colo		VAS DECEASED EVER IN U.S. A		URITY NO. 17 INFORMANT	ADDRESS
Pogo	N		216-09-9	9265 Sherly DeMo	ott. Son
ing physicie rbonpoper or removol. tic event, th		PART I. DEATH WAS CAUS	ATE CAUSE (o)	opulminary 0	Wheat BETWEEN ONSET AND DEATH
e attend move ca nation, c traumo:		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSPOL	really sepsis	Inclumenta 8121186
ed by the slease re rial, crem ar ather		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	gastir sejuna	Lanastanetie 8/21/16
s been significant. Then per prior to but s ony injury,	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	MINAL DISEASE OR CONDITION GIVEN IN PART To 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED 100 CERTIFYING CAUSES OF DEATH?
gie h	RT	810119	steriere ga	masigura anowan	7. –
ifical if		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
cert veriol veriol lterr	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	19 2H LOCATION	
this he b	MED		I AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN COUNTY STATE
After os t		WHILE NOT WHILE AT WORK		Jun 21 10 81	aug 29 11
CTOR. I for use of Heo		sow the deceased five o above, (I) (we) (did (did n	n	7 7 7	n death occurred on the date and hour and from the causes stated
AL DIRE		22% SIGNATURE	en d. Craus	Caw M ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN
TO FUNERAL should be de- with the State		22d. PHYSICIAN'S NAME (TYPE	ORPRINT) WHAW	3A W	decal Center Salislany Me
p ← 22 3 ₹ 1		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN COUNTY
P	20.00	Burial		arey's Cemetery	Frankford, Sussex, Delaware
AH - 16 60M 7/B4 (VRA 15, 4)	1	The Jester la	ADDRESS	uneral Services ² 0. d. Delaware	VE REC.D. BY REDISTRAR 256 REGISTRAR SSICE AND

19945

α.		
z		
а.		
3		
-		
MAR		
⋖		
~		
~		
12		
2		
*		
v.		
5		
=		
BALT		
-		
2		
. 2		
12.		
9		
z		
<u></u>		
RESTON		
74		
iii.		
200		
<u>a.</u>		
-		
2		
_		
~		
õ		
201		
5, 201		
25, 201		
105, 201		
SEDS, 201		
ORDS, 201		
CORDS, 201		
RECORDS, 201		
RECORDS, 201		
AL RECORDS, 201		
AL RECORDS, 201		
ITAL RECORDS, 201		
VITAL RECORDS, 201		
VITAL RECORDS, 201		
OF VITAL RECORDS, 201		
OF VITAL RECORDS, 201		
N OF VITAL RECORDS, 201		
ON OF VITAL RECORDS, 201		
ION OF VITAL RECORDS, 201		
SION OF VITAL RECORDS, 201		
VISION OF VITAL RECORDS, 201		
IVISION OF VITAL RECORDS, 201		
DIVISION OF VITAL RECORDS, 201		
DIVISION OF VITAL RECORDS, 201		
DIVISION OF VITAL RECORDS, 201		
DIVISION OF VITAL RECORDS, 201		
DIVISION OF VITAL RECORDS, 201		
DIVISION OF VITAL RECORDS, 201		
DIVISION OF VITAL RECORDS, 201		

5.0	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 6	24179
		REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH		MONTH DAY YEAR 26 HOUR 25
900		Hayw		POWELL	2	1986 / M
ador, p	140	MALE	4. RACE NEGRO	5. DATE OF BIRTH MONTH DAY YEAR MARCH 08 1925	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
25	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY U.S.A.		9. BALTIMORE CITY O	R COUNTY OF DEATH
97		Salisbury	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Deer's Head C		120 USUAL OCCUPATION OF THE STATE OF THE STA	
3	130. S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO RCESTER 131. CITY OR TOV BERLIN		RT.# 3, BO	ZIP CODE DX 373 21811
00	M. FA	ATHER'S NAME FIRST	MIDDLE LAST	IS. MOTHER'S MAIDEN NA	AME	LAST
1270	V	JOHN	POWELL			JONES
2 dec		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 218-20-	X	ADDRE	BRONX, N.Y. 11216
moval.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), o D BY: TE CAUSE (a)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
carba n. or re		IMMEDIA	DUE TO, OR AS A CONSEQU	JENCE OF		8/3/86
cremoto other trour		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF		
hen plan to burid tjury, or	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
9	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
100	1000	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR		
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TO	WN COUNTY STATE
of Health		22a.1 certify that (1) (this haspi	ital) attended the deceased from 19 S	g 6, and that in (my) (Jur) apinion	death accurred on the de	, 19 Sthat (I) (e) last ote and hour and from the causes stated
te Dept.		27b. SIGNATURE) - H	ATTENDING PHYSICIAN	MEDICAL STAI	FE DATE SIGNED
should be a		In Ja Joe Hwa		27e. ADDRESS		lisbury, Md. 21801
3 4	250.	BURIAL CREMATION, REMOVAL		w bethel u.m. ceme	23d LOCATION CITY OR TOWN TERV BERT.TN	COUNTY STATE WORCESTED MD
60M 7/84	24 F	UNERAL DIRECTOR LLEY MEMORIAL (KI	#2 Bax 920 250. DA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

(VRA 15, 4)

Shell at Deputh | Dativity | Feory in

Tures vie. 1927 - Fel.

COPPOSIT

Dear's (feat) Suntq

100

Rear's Hoad Senson, S. Habury, Md. 21201

And the second s

in Je Joe Hunny, M.D.

be 3	(IYPE OR PRINT) Vernon Hobart	100 211 8 9 86 1405 M
set moy	Mala Mila	DATE OF BIRTH OA 23 OAY 1896 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Seath, P.S.		ARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH Wicomico MD.
1 80	Salisbury 11. NAME OF HOSPITAL, NURSING H Peninsula Ceneral Peninsula Ceneral	Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) Shoe Store
	USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AOM 138 STATE 135 COUNTY 136 CITY OR TOWN WICOMICO Salisbury	13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1006 Riverside Drive 21801
ompletely model s	John Sydney Powell Powell	15. MOTHER'S MAIDEN NAME Martha Ann Bethards
be execut	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO QRUNKNOWN) (IF YES (IVEW) OR DATES) 214-32-678	1006 Riverside Drive, Salisbury, Maryland 21801
deoth certificate offending physicic ove corbonpoper stion, or removol.	DUE TO, OR AS A CONSEQUENCE	SETWEEN ONSET AND DEATH
ned by the please removed, cremoved, y, or other t	couse (o), stoting the underlying couse last	H BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
he low requirence in the seen significant. They have only injury to the seen sony injury to the seen seen seen seen seen seen seen se	TO DATE OF OPERATION 196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
hysicidans: Inding physici of the buriol-tronsis i Mentol Hygo or Item 18 sh	OR CONTRIBUTING CAUSE OF DEATH HOUR (A.M.) MONTH DAY (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21d INJURY OCCURRED	211 LOCATION
tol or often tol or often to use os the Health and I is marked	22a.t certify that (1) (this hospital) attended the deceased from	19 So, to 19 So, that We) lost , and that in (xy) bur) opinion death occurred on the date and hour and from the causes stated
y the hospi (AL DIRECT detoched fo ote Dept. of VT: Iffiten 2	sow the deceased alive on obove (I) well (did) did not view the body after death.	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8/9/1986
TO HOSPITAL retoined by the TO FUNERAL should be detuined the Stote with the Stote	Dr. James W. Spence	Kay Avenue, Salisbury, Maryland 21801
BP	(SPECIFY)Burial 8/12/1986 Wic	omico Memorial Park Salisbury, Wicomico, Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	Holloway Funeral Home, P.A., Salisbu	ry, Maryland AUG 13 1986

FOR STATE

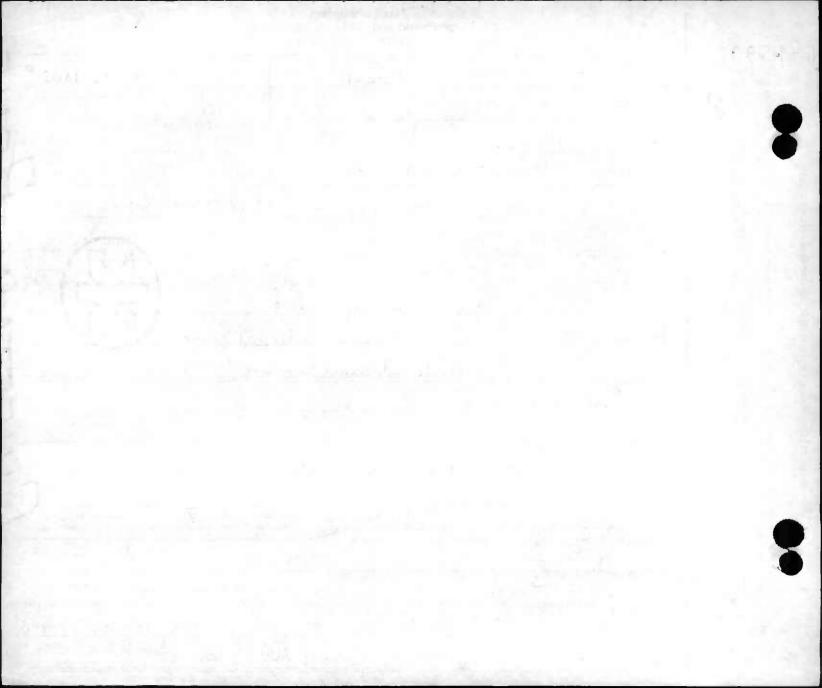
REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE? CERTIFICATE OF DEATH

REG. NO.

2b HOUR 1405 M IF UNDER 24 HRS HOURS



	20	62
	TO HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the deoth certificate be executed within 24 metricular areals. Pareceived by the hospital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and compiliator tilled in the funeral after should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pager and a troud be tred with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.
1	1	17
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 27201	B	E A
N N	ات	
AARY	N P	die .
ORE, A	xecute	1
TIM	be e	rs. Pa
., BA	rficate	physic noppe
ONS	th cer	corbo corbo
PREST	e deo	e offe mave notion
. ≥	that th	by th
5, 20	vires	signed ien ple a burio
CORC	w req	been s
AL RE	The la	e has sit per
FVIT	IAN: physic	Ltrons of Hyg
ONO	HYSIC	buria Ment
DIVISI	NG P	os the
	ital a	or use
Y	hasp	thed for
	TO HOSPITAL OR ATTENDING PHYSICIAN: The largemed by the haspital ar attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.
	HOSP ined	FUNE of the S
	To	5ho

1			STATE OF MARYLAND		- 1 2 0 1
1		DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	2 4 6
1. DE		WIDDLE	LAST		ONTH DAY YEAR 126 HOUR
(TYP		TCF A	Pucarl	August 18	
3. SE		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR IF UNDER 24 HRS
£	emale	white		68	YRS DAYS HOURS MIN.
70. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY OR	
		USA		Wicomico	MD
110 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION TADDRESS! AL HOSpital	12a USUAL OCCUPATIO	WORKING LIFET INDUSTRY
USU 130	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)		
1					
	ATHER'S NAME		15 MOTHER'S MAIDEN N	AME	
V				MIDDLE	Adkins
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECT		ADDRES	
	no		-4988 Walter T.	Pusev N	lewark, Md.
	18 CAUSE OF DEATH (Enter o	nly one couse per line for 101, (b), or	ndic / , D.	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			intestinac Bleec	tug	24h.
		,	IENCE OF		
	Conditions, if ony, which	(b)			GOVERNMENT OF STREET
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
	underlying couse lost.	(c)			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER		TION GIVEN IN PART 110
ě			Besity Diahett,		
TIFICAL	198 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
GE			21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
14		MIN	19		
E E	21d INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OF TOW	N COUNTY STATE
×	WHITE NOT WHITE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM ETC)	CIII OK 10W	57.7.2
		utol) attended the deceased from.	19_89	7 to 8/18	, 19_86, thot (We) lost
	sow the deceased glive or	n 8/17 19	56 , and that in (my) (aur) opinion	deoth occurred on the date	e and hour and from the causes stated
	22b. SIGNATURE	or view ine body diver dealing	DEGREE		THE DATE SHOWED
	(XX)	Layen Ju	ATTENDING PHYSICIAN	MEDICAL STAFF	
1	224 PHYSICIAN'S NAME TYPE	OR PRINT)	27e ADDRESS		
23a	BURIAL, CREMATION, REMOVAL	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	(SPECIFY)			CITY OR TOWN	ry Wicomico Md
			Trandry Cremare	TE REGID. PHAGEISTRAD 2	Sh, REGISTRAR'S SIGNATURE
1	7 NAME ()	ADDRESS	VIII	A LINAD ALL	
00	realls MIII.	291 Pocomo		- 1000 /4	ia Devidern Rendalle
	3. SE M M Maar Certification	TELO 3. SEX FEMALE 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND WARYLAND WARYLAND MARYLAND M	STATE REGISTRAR 1. DECEASED NAME FIRST MIDDLE	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH T. DECEASED NAME THE STATE REGISTRAR T. DECEASED NAME THE STATE REGISTRAR T. DECEASED NAME THE STATE RECITION OF DEATH TO THE STATE RECITION OF BRITH AND THE STATE RECITION OF WHAT COUNTY? TO CITY OR TOWN OF DEATH TO CITY OR TOWN OF THE MISTITUTION O	DEPARTMENT OF HEALTH AND MENTAL HYGENE REGISTRAR DECASED NAME THE BRITHPIACE T



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 213

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

REGISTRAR			ENTIFICATE OF DEATH	REG. NO.		
DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
(TITE OK PRINT)	MARTHA	R.	ROLPH	8	-11-86	2:10PM
SEX	4. RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS
Female	Canc	asian	8 26 190 T	78 .	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE ORF		WHAT COUNTRY? 8		RAITIMORE CITY OR COL		
COUNTRY	u.s		AARRIED NEVER MARRIED I	TITTONITOO COT	NTY	M
CITY OR TOWN OF DEA		HOSPITAL, NURSING H	OME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND	OF BUSINESS OF
SALISBURY		BURY NURSING		CTICE OF WORK FOR MOST OF WORK	NG LIFE) INDUSTRY	
SUAL RESIDENCE (IF NURS	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADM				
Md	Somerret	Pc Ano	YES NO T	13e, STREET ADDRESS / ZIP C	Street	2185
FATHER'S NAME		1 1 2 4	15 MOTHER'S MAIDEN N	AME	-11.	0.10
John	Fletcher	Rolph	Ada	MIDDLE	Rob	ects
WAS DECEASED EVER		166 SOCIAL SECURITY	NO. 17 INFORMANT	ADDRESS		10
(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	086-09-08	72 Martha R	Rolph (Pramage	2 (tom	helltown
	H (Enter anly ane cause pe		2111 1			XIMATE INTERVAL
PART I. DE ATH W	AS CAUSED BY:	reselval	Tomon bosh			rs.
199	,	D. C. CONICEOUS VO	F 42 4 /	12		
Canditians, if ony,		ON AS A CONSEQUENCE	sed antera	1 selevers	6	no.
gave rise to imm	nediate)	1	7		-	
underlying couse		RAS A CONSEQUENCI	E OF			
PARTY2) OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1	10
1 Kluis	Coseleso V	aculan ac	cideus.			
190 DATE OF OPERAT	ION 196 COND		RATION WAS PERFORMED		YES, WERE FIND	
				YES NOT	ERTIFYING CAUSE	NO
210. ACCIDENT WAS UND	· · · · · · · · · · · · · · · · · · ·		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)	
OR CONTRIBUTING C	AUSE OF DEATH	.M. MONTH DAY	YEAR 19			
(IF EITHER, NOTIFY MEDIC	ED 21e PLACE	OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY	STATE
WHILE NOT WH	ILE	REET, FACTORY, OFFICE FARM,	ETC.) STREET	(III OK IOWN	COUNTY	SIAIE
	(this haspital) attended t	ne deceased fram	7/31/86 19	to 8///	1866	, that (1) (we) lo
sow the deceo	ed olive on Slid) (did not) when the body	1986	, and that in (my) (our) apiniar	death occurred on the date and		
27b. SIGNATURE	ild (ald hat view the body	offer deoffi.	DEGREE		22s. DAM	SIGNED.
14/1	HALL	//_	ATTENDING PHYSICIAN	MEDICAL STAFF	81	1186.
221 PHYSICIAN'S NA	ME TYPE OF PR	7	22e ADDRESS	TO DIRECTOR THIS CLAIR	4	100
EARL M. BE	ARDSLEY, M.I					
a. BURIAL, CREMATION,			E OF CEMETERY OR CREMATORY	23d. LOCATION		
ISPECIAL - A A -	ON 8 12	86 5	alisbury	Salsbury	Wice	TEO MY
1 FUNERAL DIRECTOR		. , , ,		TE REC'D. BY REGISTRAR 256 JE		
/ NAME	11.	ADDRESS		196 196 m 110	DE OFFICE AV	Party.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plyvically should be detached for use as the buriol-transit permit. Then please rations contained must the State Dept. of Health and Mental Hygiene prior to buriol, cromities are remarked MAPORTANT: If Item 21 is marked or Item 18 shows any injury, or other tradinality event. Then

ATTENDING PHYSICIAN: The low requires that the

retained by the haspital or attending physician.

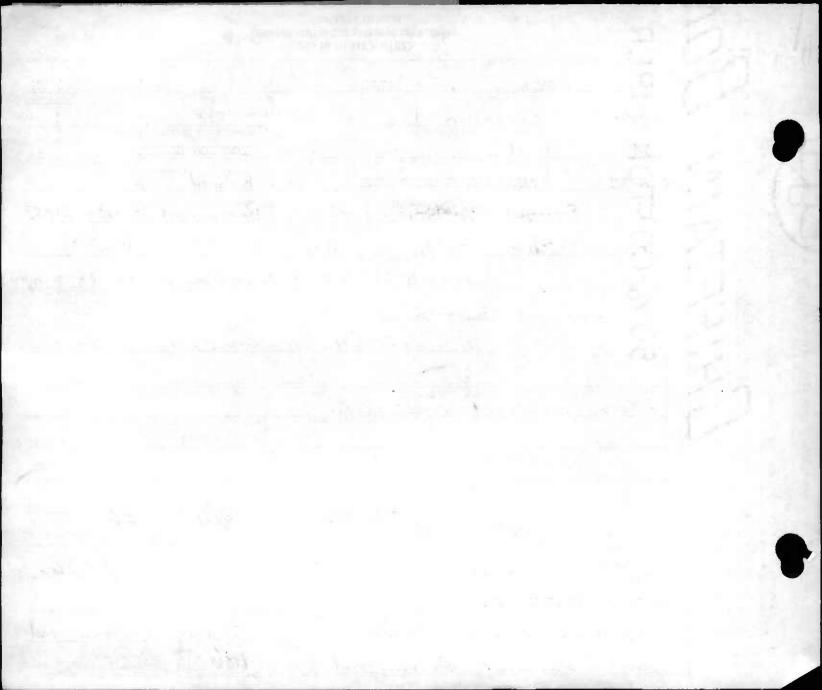
TO HOSPITAL

BP.

FOR - STATE

P22 hours other death

Con topy



2/6/3

(VRA 15, 4)

ACI, Cruma, ACE

raintri

lisbury Jest Lanter Penter

KUX (MIDERIE X

ter death. Page 4 may be

filled in by the funeral director, page 3 outld be filed within 72 hours after death

-	a
2120	hours
S	24
ARYLA	within
ORE, M.	executed
×	e e
r., BALT	ficote 8
S	le r
ESTON	deoth
O.	he
3	-0
201	s +
RDS, 2	equire
2	80
TALE	The
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ATTENDING PHYSICIAN The law requires that the death certificate be executed within 24 hours of
DIVIS	NONG
	ATTE

ther this certificate has been signed by the ottending physician and car as the burgh transit permet. Then please remove corban papers. Pages 1 in and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medical

MPORTANT, If them 21 is marked on Irem should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	IENE 6	2 4 1	8 4
	CEASED NAME FIRST	MIDDLE		AST		MONTH DAY YEA	AR 26 HOUR
tiree	Margaret	t Elizabeth	50	HEUBLIN	AUGUST	26 191	% 1230 M
1.55		4 RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		
F	EMALE	White	02	/12/01 YEAR	85	YRS.	AYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8			R COUNTY OF DEATH	Н
_	ooklyn N.Y.	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	Wicomico		MD.
	TY OR TOWN OF DEATH Lisbury	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C Peninsula G	GIVE STREET ADDRESS)		12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST C		ND OF BUSINESS OR
13a. S		NTY 13c. CITY	OR TOWN Sbury	13d. INSIDE CITY LIMITS? YES NO X		zip code	2/80/
4. FA	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAST
	Jocab	Gunde		Elizabeth		Bastian	
	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOC	IAL SECURITY NO.	17. INFORMANT	ADDRE		
	NO OR UNKNOWN) (IF YES, GI	101-	24-6020	Lillian S. Vite	lli 826 Shum	naker Dr. Sc	al. Md. 21801
CATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANS:	iste Dece	ON SEQUENCE OF ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL RISEASE OR CON Brain 200 AUTOPSY?	C/ 11	enter hospe
TIF	/				YES NO	YES	NO [
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK 22a. 1 certify that (1) (this hosp saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE) 22d. PHYSICIAN'S NAME (TYPE CALL)	P.M. 21e. PLACE OF INJUR [AT HOME. STREET, FACTOR ital) attended 14 decepse 21) view the body after dea	Y Y (Y, OFFICE, FARM, ETC.) and from th. 19 , or	211 LOCATION 211 LOCATION STREET 211 LOCATION DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	CITY OR TO	OWN COUNTY 19 Sate and hour and fram 22c D	y STATE , that (I) (we) last the causes stated
23a. B	URIAL, CREMATION, REMOVAL	. 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		1/ N.
(Removal /Burio	al 08/29/86	Mt. Oliv	vet Cemetery	Maspeth	Queens	New York

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

HOLLOWAY FUNERAL HOME SOLSNOW HILL Rd Salmed SEP 4

256. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1986

The first commendation in the morning production.

1 - STATE

STATE OF MARYLAND

DEPART	MENT	OF HEALI	H AND	MENT	ALHY	GIENE	
AFDICAL	FXAA	AINED'S	CERTI	FICAT	FRE	DEATI	н

200	-0	22	1.3	
1	4	. 5	0	
lus				
D.	C NO			

	F	REGISTRAR		MEL	ICAL EX	WINEK. 2	CERTIFIC	AIEO	PUEAI	PI RE	G. NO.			
		EASED NAM	NE FIRST		WIDDIE	Tradition.	LAST		2a.	DATE KNOW	/N X	MONTH	DAY YE	AR 2b HOUR
	(TITE	OR PRINT)	Lisa	Miche	elle		Scholli	an	10	OF ESTI-		8	18 19 8	86 M
	3. SEX		4 RACE	5 DATE OF BIRTH				FUNDER 2		DATE	P	HTMON	DAY Y	EAR 74 HOUR
	Fel	male	White	June 1,19	969	17 YRS.	NTHS DAYS	HOURS	MIN PR	ONOUNCED DEAD		8	18 198	36 1:45A
-		RTHPLACE (STATE OR	76 CITIZEN OF WH.	AT COUNTRY?	8. MAE	RRIED NEVE	RMARRIE	D 🕱 9.	BALTIMORE C	ITY OR	COUNT	Y OF DEAT	H
7	1	Md.		USA		WIDO	OWED	DIVORCE	D 🗆 1	Wicomic			,	MD
0	1500	alisbu:		It. NAME OF HOSP (IF NOT IN SUCH FAC Penins	ILITY, GIVE STREET	GHOME, OR O' NODRESS) Neral Ho		ON		LOCCUPATION STOF WORKING LIFE Lent		WORK	OR IND	F BUSINESS USTRY
5	USUA 11a ST		(IF IN NU SING YOME O	OR OTHER INSTITUTION, GIVI	13c CITY OR T		13d INSIDE CITY	LIMITS?	13. STREE	ADDRESS Pinewo	ood .	Aven	ue 21	214
0	14. FA	THER'S NAM	liam	F. Sch	ollian	Jr.	15. MOTHER An	s MAIDEN gelik		R.		Sep	p	
-		AS DECEASI	D EVER IN U.S. AR	MED FORCES?		ECURITY NO.	17. INFORMA	ANT		ADD	ŖESS			
×		n		WAR OR DATES!	219-82	-7607	Mr. W	illia	m F.	Scholl:	ian	Sam	e	
	7	PARTID 214	EATH WAS CAUSED	re CAUSE (a) MU		injurie	es						BETWEEN	MATE INTERVAL DINSET AND DEATH
		gave r cause (c lying ca	ise to immediate a) stating the <u>under-</u> use last.	(c)	AS A CONSEQ									
	2	PART 2 OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	UT NOT BELATED TO	THE TERMINAL DISE	ASE OR CONDITION (GIVEN IN PART	7 1 (a)					
)	TIFICATIO	19a. DATE O	FOPERATION				WAS PERFORM	ED?					20 AUTO	PSY?
3	EDICAL C	UNDERLYIN CONTRIBUT	OCCURRED	21e PLACE O	MONTH DAY 8 1 FINJURY (AT DRY, FARM, ETC.)	7 ₁₉ 86 I	Pedestri		truck			T I OR PAR		STATE
-	e E	AT WORK	NOT WHILE C	roa		I	Rt. 54			enwick	Isla			Del.
1			ify that I taak charg	e of the remains desc ral causes ,	ribed above, h Accident	eld an <u>Auto</u> , Suicide [Apsy X, Hamicid TITLE (SPE	ECIFY)	Undetern	Inquiry ,	and i	DATE SIGNEI	8/1	18/86
2		EXAMINER'S (TYPE OR PR	NAME Wi	lliam M. Z	lane, M	.D.	_ADDRESS	111	Penn	St. B	alto	.MD		
	(5)	RIAL, CREMA PECIFY) Buris		3h. DATE Aug. 21, 198	4	s. of F				ATION TOWN Limore EGISTRAR 25h	DEC 1671	COUN	Md.	STATE
	I	eonar	J. Ruck	Inc. Balt	imore,	Marylan	ıd	AUG					_Janda	MC.

07/84 25M

DHMH - 17 (VR A15 ME (5))

EXECUTE THE CERTIFICATE, WRITING THE WORD" PENDING" IN PENCIL IN THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT FRA FITER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIER BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOUND.

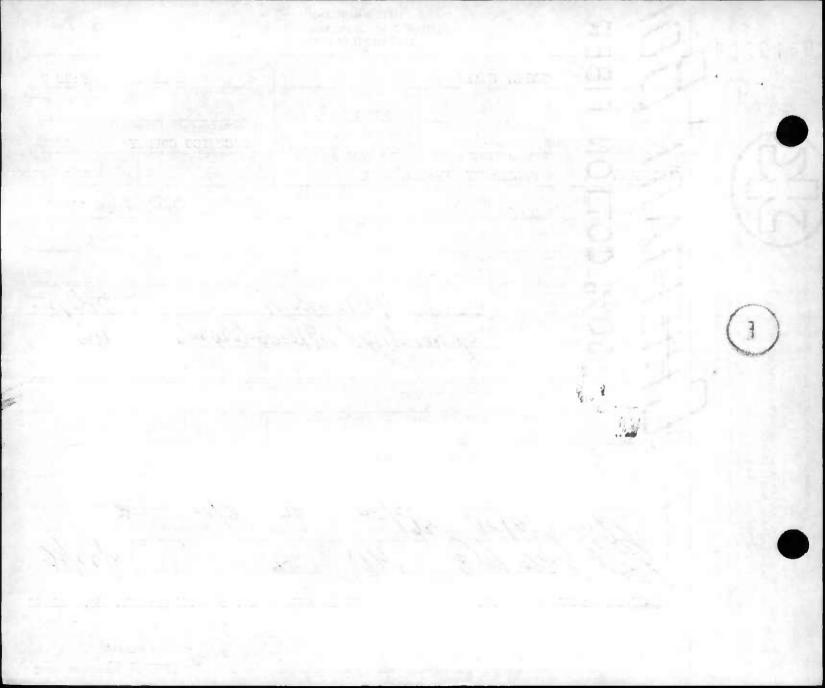
Ti court dinte times 1,1969 II The comment of the second states Scholling dr. Angeltin 0. Supp. ome mailing a mailing of the cont. In

Ame. 1, term Gian. of Malana

20		1-	FOR STATE				ENTAL HYGIEI) 4		3 6	
111-	1679	1.00	REGISTRAR CEASED NAME FIRST	MEDICAL	EXAMINER	S CERTIFI	CATE OF DE		REG. NO.			
			PE OR PRINT)					20. DATE KNO	TI-		DAY YEAR	
	ASE OR SEET,		Marion	Brooks		Shobe	Sr.	DEATH MA			22,986	
	SECE	3. SE	X 4 RACE	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS L GAYS	IF UNDER 24 HRS	PRONOUNCEL		ONTH	DAY YEA	120 11001
	LENECTOR. COUR FILES. U77 HOURS,	1	Male white	5 19 24	62 YRS.		NOOKS MIN	DEAD		8	22,986	6 041
	SEE FEE		IRTHPLACE (STATE OR DREIGN COUNTRY)	b. CITIZEN OF WHAT COL	NTRY? 8.	MARRIED NE	EVER MARRIED	9. BALTIMORI	CITY OR C	OUNTY	OF DEATH	
	BASS C		est Virginia	USA		IDOWED 🔀	DIVORCED .	Wic	omico) AA
	SEWES Z	D. C		IL NAME OF HOSPITAL, N		OTHER INSTITU		UAL OCCUPATI	ON (TYPE OF	NORK 12	KIND OF	BUSINESS
	A PART OF		alisbury	Peninsula	Genera	l Hospi	1 - 7	tired		nic	OR INDUS	STRY
0	Z SEES	130 5	AL RESIDENCE (IF IN NURSING HOME OR	13c. CT	Y OR TOWN	13d. INSIDE (CITY LIMITS? 13e. ST	REET ADDRESS				
As IR	1000000		ryland Somer	set Pri	ncess Ar			oute #	2	218	53	
11 3	11 30	74.F	ATHER'S NAME	WIDDLE	LAST	15 MOTH	ER'S MAIDEN NAM	E MIDDLE			LAST	
1	ANGER!	1			obe	Tze	tta	Middle		Re	xroad	7
WO	BASSES 7	160.	WAS DECEASED EVER IN U.S. ARMI	DEODGESS IN SC	SCIAL CECURITY AL	117 INIEOD	AAAAIT	007 ^A	DDRESS			
MILLIMO	TAN THE STORY	ves	0.700	2 23	5-22-59	70 Tzet	ta Chri	STVPOC	Ceda	rci	treet	Z-2
- 6	SE STATE	1	18. CAUSE OF DEATH (Enter only	one couse per line for (a). (b), and (c).)	1200	0	S S T OC	MORE		APPROXIM	ATE INTERVAL
TST	IIN 24 HOU IN ITEM 18 R ALONG V USIT PERMIT HYGIENE, EMOVAL.	1	PART I DEATH WAS CAUSED	BY: Cardi	ac Tamp	onade						SET AND DEATH
Į v	THIN 24 I		IMMEDIATE	(DUE TO, OR AS A CO								
ES	WITHIN NCIL IN INER A IRANSIT VITAL HY		Conditions, if ony, which			ortic	aneurysi	n			4 1	hrs.
>	MINE MINE MINE MINE MINE MINE MINE MINE		gave rise to immediate couse (a) stating the under-	DUE TO, OR AS A CO		01010	2					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	D BE EXECUTED WITH PENCY MEDICAL EXAMIN SAS A BURIAL TRA EAITH AND MENTA EAITH AND MENTA IN CREMATION, OR PILLS		lying couse last.			cardio	vascula	r dise	ase		Year	rs
RDS,	EXECUTE OF THE PROPERTY OF THE	13	PART 2 OTNER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	OISEASE OR CONOITIO	ON GIVEN IN PART 1 id					
8	PENDIC F MEDIC F AEDIC FD AS A HEALTH IL, CREW	CERTIFICATION										
20	WORD "PER WORD "PER WORD "PER WORD WORD WORD WORD A MENT OF HEAD SOUTH OF HEAD SOUTH OF HEAD WORD WORD WORD WORD WORD WORD WORD WOR	13	198. DATE OF OPERATION	198 CONDITION FO	WHICH OPERATION	ON WAS PERFOR	RMED?				20. AUTOPS	Y?
Į.	SHOUL ORD "F CHIEF E USED T OF H URIAL,	E	and the same of th								YES X	NO 🗆
P.	PAR BANG	计	210 EXTERNAL CAUSE WAS	11b. TIME OF INJURY HOUR A.M. MONT	L DAY VEAR	It. HOW INJURY	OCCURRED LENTER	NATURE OF INJURY	N ITEM 18 PART	OR PART	2)	
NO	ARTA OUT		UNDERLYING OR CONTRIBUTING CAUSE OF DE		19							
/ISI	CERTIFICATE SHOULD SITING THE WORD "PE ODE TO THE CHIEF ME S 3 SHOULD BE USED A E DEPARTMENT OF HEAD OF ME ODE OF THE CHIEF OF THE ODE OF THE O	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJUR	Y (AT HOME. 2	If. LOCATION						
ō	E. THIS CERT RWARDED RPAGE 3 SH STATE DEPA 5, 21201 PRI	*	WHILE NOT WHILE AT WORK	STREET, EACTORY, EARM	ETC.)	ZIMEEL		CITY OR TOWN		COUNT	TY	STATE
	R: T NTE, DRW DR. P. E ST. D, 2		22a. I certify that I toak charge	of the remains described at	ove held an	Autapsy X	Inspection .	Inquiry	andin	ту аріпі	1100	- 10 -
	L EXAMINER: 1 ECERTIFICATE, DULD BE FORV. L DIRECTOR: P H, WITH THE SI MARYLAND, 3		deoth resulted fram: Notural	100	, Suicide			termined manne		ту орт	1011	
	NE SE		1000	, Acciden	, LLI, Soleide		SPECIFY)	terminea manne	,			
	W.Y. D. C.		ACTUAL SIGNATURE	5B.	eb.lu	,				DATE	0 2	2-86
	SER BENT	7	SIGNATURE		~~~~	Lwp. De	DULY WE	DICAL EXAMINE	R	SIGNED.		2-00
	WE STAND	4	EXAMINER'S NAME John	T. Bulkel	ev		Salisb	urv. Me	d.			
	TO MEDICAL EXAN EXECUTE THE CERTIL PAGE 4 SHOULD B TO FUNERAL DIRE TO FUNERAL WITH BATTEN DEATH, WITH	73a B	URIAL, CREMATION, REMOVAL 236		NAME OF CEMET	ADDRESS_		OCATION				
		130.0	SPECIEY)				CIT	ORTOWN	F.7	COUNTY		STATE
07/84 25M	BP	24. F	Burial	8/24/86 F	irst Bar	otist C	25e. DATE REC'D, B	comoke			ster	1d.
	DHMH - 17	C	MAME !	ADDRESS	olso Oit	A		O Julia			SACE.	13
	(VR A15 ME (5))	0	reott = Milso	POCOM	oke City	, Ma	0041	1				(6.5

/00

		500						UF MARYLAND		A .3	1 0	7
6209	1.	FOR STATE REGISTRAR			DEI			EALTH AND MENTAL HYGI ICATE OF DEATH	REG. N	10.	1 0	/
. 84		CEASED NAME	FIRST		IDDLE		LA	AST	2a. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
ay be oge 3 deoth		Roy		LYDE, SN	HTIM			8 11 11		8-21-		9:20 P _M
ige 4 mcreator. p	3. SE	Male		RACE White	7		DATE O		6 AGE (IN YEARS LAST B	YRS	ONTHS DAYS	HOURS MIN.
eath. Po		Quantico, Maryland U.S.A			A.			NEVER MARRIED	9 BALTIMORE CITY WICOMIC			MD.
by the fu	1	LISBURY	TH 1	1. NAME OF HE SALISBU	OSPITAL, N IFACILITY, GIVI JRY N	URSING LE STREET ADD URSIN	HOME O	R OTHER INSTITUTION ME	12a USUAL OCCUPA (TXPE OF WORK FOR MOST Salesman	TON OF WORKING LIFE	12b. KIND O	F BUSINESS OR esale Groce
24 hour		AL RESIDENCE (IF NURSING TATE Maryland	13b COUNT		SIVE RESIDENCE 130 CITY OF Salis	RTOWN		13d. INSIDE CITY LIMITS?	136 STREET ADDRESS	/ ZIP CODE	Avenue	21801
npletely and 2 sho	14. FA	Roy			Smith			15 MOTHER'S MAIDEN NAM			lamburs	
n and con Poges 1		VAS DECEASED EVER I VES. NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	214-1		14 NO. 52	17 INFORMANIMITS. M Same as #13e	arie Fields	(Daugh		
in the cio		18 CAUSE OF DEATH PART 1. DEATH WA	Enter only AS CAUSED		ne for (a),	(by ond in	9	hrundes	í		2 de	days -
by I all and the state of the s		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	ediote	DUE TO, OR (b) DUE TO, OR	90	nen	41	ged allen	selaros	-6	y	9-
n vigned Tier pla rechurity, o	NO	PART 2. OTHER SIGN	IFICANT CO	ONDITIONS CO	nīribūtin	IG TO DE	ATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COM	IDITION GIVE	N IN PART 10	3
he low r on. t permit. ene prio	CERTIFICATION	19a DATE OF OPERAT	ION	19b. CONDIT	ION FOR V	WHICH OF	PERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
CLAN: T 3 physici ertificate ial-trons ntol Hyg em 18 sh	_	210. ACCIDENT WAS UNDER OR CONTRIBUTING C.	AUSE OF DEAT	21b. TIME OF HOUR A.M	MONT	H DAY	YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	RT I OR PART 2)	
G PHYS ottending ter this ce is the buri	MEDICAL	21d INJURY OCCURRI	ED	21e. PLACE O	F INJURY	OFFICE, FARA		21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
rtendin ortal ar TOR: Afr for use o of Health		220.1 certify that () (this hospita	il) attended his	1	from 19	2/0	d that in (my) (aur) opinion d	eath occurred on the	late and hour	•	that (I) (we) last causes stated
the hosp the hosp at DIREC etoched te Dept. f: If Item		276. 510 TATURE	64	14/1	0		1	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22L DAT	NIGNED .
TO HOSPITAL (retained by the TO FUNERAL E should be detoo with the State E IMPORTANT: If		EARL M. D.		ANTAN Parkar dan 18			- 0	22e ADDRESS			7	
BP	23a E	BURIAL, CREMATION, R SPECIFY Burial		8/25/1		23c NA	ME OF CE	CTVIC AVE	Salisbury	SALTSBI , Wicon	,	1 21801 Narylähd
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	JNERAL DIRECTOR Holloway Fu	ıneral	Home, F	P.A.,AD	Salish	oury,	Maryland 250/PMF	725 986 A	SWREGISTR LAVE LAND	ARE SIGNA	Malan .



STATE OF MARYLAND

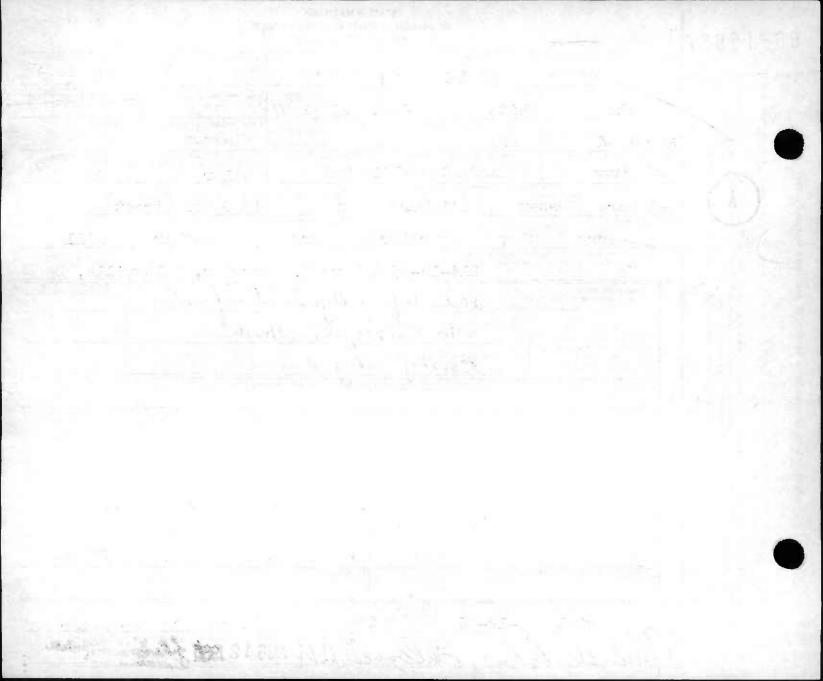
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

6)	ai	i	8	C
Car		1		

/1		REGISTRAR -	1744			CERTIF	ICATE OF DEAT	H	REC	6. NO.		No.
		CEASED NAME OR PRINT)	hh		dolph	Spi	urrier		2a DATE OF DEAT		9 86	26. HOUR 2005 M
	1 SEX	Male		4. RACE White		S. DATE C.	DAY	EAR 907	6. AGE (IN YEARS LAS		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7.00	RTHPLACE (STATEORF	OREIGN	76. CITIZEN OF	WHAT COUN	TDY2 A	NEVER MARR	ED 🗆	BALTIMORE CIT			MD.
7	S	TY OR TOWN OF DEA alisbury		Penins	ula Ge	JRSING HOME OF STREET ADDRESS) Neral Ho	R OTHER INSTITUTI		120 USUAL OCCUP (TYPE OF WORK FOR MO Dealer			F BUSINESS OR
	130. S De	al residence (15 Nurs state 2 Laware	NG HOME OR 136 COUN SUSS	1TY	GIVE RESIDENCE 13c. CITY OR Salis	TOWN	13d. INSIDE CITY LIA			ss/zipco		9999
-	3	THER'S NAME FIRST Harry		Clay		rrier	15. MOTHER'S MAIL		Es	ther	Hi	ון יון
3		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)		SECURITY NO. 2 – 5502	Mary F	. Sp	urrier,	Sell	oyville	, DE
	NOI	gave rise to imm cause (a), statin underlying couse PART 2 OTHER SIGN	g the last.	(c)	COVI	EQUENCE OF	MOT RELATED TO T	HE TERMIN	VAL DISEASE OR C	ONDITION	GIVEN IN PART 110	a ·
f	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR W	HICH OPERATION	N WAS PERFORMED)	200 AUTOPSY?	INCER	YES, WERE FINDING TIFYING CAUSES	
1	MEDICAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIK 21d. INJURY OCCURR WHITE NOT WHAT WORK AT WORK	AUSE OF DEA	P. 21e. PLACE	M. MONTH M.	19	211. LOCATION STREET	OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM	COUNTY	STATE
		220.1 certify that (1) saw the decease above, (1) (we) (c 22b. SIGNATURE	(this hospited olive an	81	9	19 86, on	d that in (my) (aur) DEGREE M D ATTEN	DING	MEDICAL	STAFF		
		22d PHYSICIAN'S NA BURIAL, CREMATION, ISPECIFY) BUTT	REMOVAL	23b. DATE	06	23c NAME OF C	22e ADDRESS		23d. LOCATION CHY OR TOW	н.	COUNTY	JOD STATE

AUG 12 1986

DHMH - 16 60M 7/84 (VRA 15, 4)



499

the funeral director, page 3 4 with 172 hours after death

injury, ar other traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shows.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	. ~	CERTII	FICATE OF DEATH	REG. NO	D.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	MID		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	l Stanle	-			8 28 86	2;084
3. SEX Male	Blk.	5. DATE O	DE BIRTH DAY 3 1 YEAR	6 AGE (IN YEARS LAST BIR	(HDAY) IF UNDER 1 YEAR MONTHS DAYS	
Ja. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WI	AA A DD IE		9 BALTIMORE CITY O	R COUNTY OF DEATH	MD.
Salisbury	LIF NOT IN SUCH F	SPITAL, NURSING HOME (AGUITY, GIVESTREET ADDRESS) NOWR AVE.	OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O NONE	ON 126. KIND (FWORKING LIFE) INDUSTRY	OF BUSINESS OR
130 STATE 136, GOL		ve residence before admission) 30. Sity Or Town Salisbury	13d. INSIDE CITY LIMITS? YES AO	13 STREET ADDRESS	wk Ave Sal	Souhy
Frankie W	ongus	LAST	15. MOTHER'S MAIDEN NA Mary Ma	rion Prit	chett	AST .
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C		80 SOCIAL SECURITY NO. 220-26-1767	Maidie Sta) Salisbur	
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per lin SED BY: ATE CAUSE (0)	ne for (a), (b), and (c), 1	fic Carc	inono	APPRO: BETWEEN	XIMATÉ INTERVAL ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	DUE TO, OR A	AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 1	10
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITIO	ON FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI	
	EATH HOUR A.M.	NJURY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR			
OR CUNINGSTING LASS OF UP TO THE CONTROL OF THE CON	21e PLACE OF	FINJURY T, FACTORY, OFFICE, FARM ETC 1	21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
22a.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did	n 81.	29) 19 9000	nd that in (my) (our) opinion	, to death occurred on the de		, that (1) (we) last e causes stated
22b. SIGNATURE	auto JT	an		MEDICAL STAI DIRECTOR PHYSIC	2	3186
220. PHYSICIAN'S NAME (TYPE	J TEM	distribution of the second		10 elemis	r- Salizbi	ing fur
230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236 DATE 8-31+8	36 Green	Acres Mem. 1	23d LOCATION CITY OR TOWN	COUNTY WILL	Md.
24 FUNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	TURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval

Fooks Funeral

Salisbury, Md.

1986 Julie Devidon-Randelle

And the second s

Parla La Januaria Compania de Cara Parla Parla de Cara Parla Parla Cara Parla Cara Parla Cara Parla Cara Parla

And the same of the base

LINE AND RESERVED A LINE OF A ROOM AND THE PARTY AND THE P

٧.			
*			
*			
3			
Ε.			
¢.			
4			
-			
2			
ē			
4			
ŭ.			
W.			
2			
۶.			
=			
5			
Œ,			
φ.			
7			
=			
n			
Ζ.			
)			
=			
8			
V. PRESION			
¥.			
2			
۶.			
~			
Σ.			
*			
ñ			
5			
×			
2			
(ECONDS)			
#			
4			
-			
5			
5			
VISIONO			
ē			
5			
n			
5			
-			
u)			

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2	4	ruhadi	7	Ü

REGISTRAR	CER	TIFICATE OF DEATH	REG. NO.		
T. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Sara	G. SU'	TTON	Aug. 16, 198	36	733 M
FEMALE "	11711.10	ATE OF BIRTH AONTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
COUNTRY A.	U314 WIDE	RRIED NEVER MARRIED OWED DIVORCED	9 BALTIMORE CITY <u>OR</u> COUN WicomicO	TY OF DEATH	MD.
Salisbury	NAME OF HOSPITAL, NURSING HOSE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Deer's Head Center	5)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		BUSINESS OR
THE STATE 135 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN IDDLE LAST	13d. INSIDE CITY LIMITS? YES NO LES 15. MOTHER'S MAIDEN N	13e.STREET ADDRESS / ZIP CO	DDE RO Z	21842
160. WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166. SOCIAL SECURITY N WAR OR DATES) 214-32-7	IO. 17. INFORMANT	ADDRESS ADDRESS	BURY	mo
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.		C. D. A	tory dithe	BETWEEN O	MATE INTERVAL INSET AND DEATH Would
PART 2 OTHER SIGNIFICANT CO Dale 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	to tuellitus 196. CONDITION FOR WHICH OPER.	- Cheronic	Rever few 200 AUTOPSY? 20b. IF	VES, WERE FINDING THEY ING CAUSES (GS USED
OR CONTROLLIANIC CALLES OF DEATH		EAR	JRRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
22a. I certify that (I) (this haspito saw the deceased alive an above, (I) (we) (did) (did not) 22b. SIGNATURE CLSA UL. 27d. PHYSICIAN'S NAME (TYPE OR)	8-16 19 80	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE S	SIGNED
ELSA	M. GORIS-		l Center; Salisbu	ry Md.	21801
230. BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME	OF CEMETERY OR CREMATORY	M. SAKISBO	E'N /	no ate
24. FUNERAL DIRECTOR	T 11 PRESS 01		ATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATU	JRE .

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician

should be detached for use as the busial-transit permit. Then ple with the State Dept. of Health and Mental Hygiene prior to busia

IMPORTANT, if them 21 is

18001-00

03 = 10

AND A STATE OF THE PARTY OF THE

The state of the s

STATE OF THE PROPERTY OF THE P

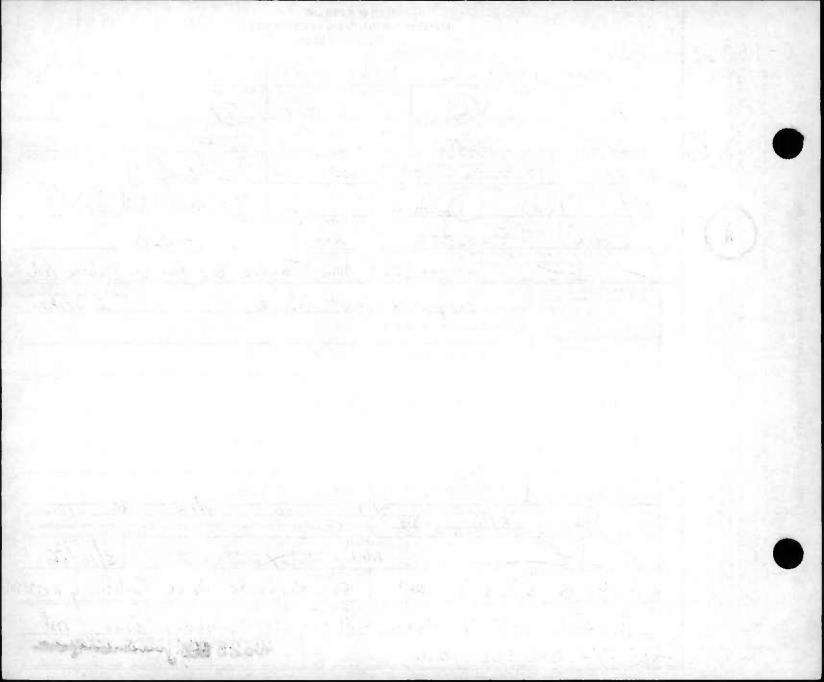
BP.

DHMH - 16 60M 7/8

(VRA 15, 4)

STATE	OF	MARYLAND	

	1-	FOR STATE REGISTRAR	DEPA		ALTH AND MENTAL HY	GIENE S 2	9!	7	
-		CEASED NAME FIRST OR PRINT) ELIZA	brett L.	Tay	lor	20. DATE OF DEATH	MONTH DAY	YEAR 1986	8 25 PM
	3. SE)	F	4. RACE BCC	5. DATE OF	SIRTH 1969	6. AGE (IN YEARS LAST BIR	THDAY) IF UI MON!	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
3		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	MARRIED WIDOWED		BALTIMORE CITY C	R COUNTY OF	DEATH	MD.
0	Sa]	ty or town of death Lisbury	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCHEACILITY, GIVE STI Peninsula Gene	eral Hos		120. USUAL OCCUPAT	F WORKING LIFE)	26. KIND OF NDUSTRY	F BUSINESS OR
5	13a. S	ma w		MAR	13d. INSIDE CITY LIMITS?	HE STREET ADDRESS		(Bo	875
20)	THER'S NAME FIRST OHN	MIDDLE PASSET	6	15. MOTHER'S MAIDEN N	ADDR	Aichow	LAST	
1			MED FORCES? 16b. SOCIAL SE (E WAR OR DATES) 2/9-14	-4656	MAE LA-	4	PINE St.	DEC	we md.
		PART 1. DE ATH WAS CAUSE	nly one couse per line for (o), (b), (D) BY: TE CAUSE (o) COYGE	10 . 1	eart failu	re		BETWEEN O	Weeks
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC						
	ATION	PART 2 OTHER SIGNIFICANT OF	conditions contributing to	etec m	ellitus	MINAL DISEASE OR CON	DITION GIVEN		
2	CERTIFICATION	210. ACCIDENT WAS UNDERLYING				YES NO	IN CERTIFYING	G CAUSES (OF DEATH?
7	MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR 19	21a. HOW INJURY OCCUI	KKED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	21f LOCATION STREET	CITY OR TO		COUNTY	STATE
		sow the deceased alive on above (1) (ve (did)) did no	tol) attended the deceased fro	86 , one	that in my our) opinion	death occurred on the d			tho (I) we) lost couses stated
		22b. SIGNATURE				MEDICAL STA		8/16	186
		Charles B	Silvia Jr.	w	SFO RIN	vside Ori	ve Sa	listur	4 MO21801
	- (BULIAL	8-23-86 2	SACING	METERY OR CREMATORY	23d LOCATION Square form Squa	y W	ico	ml.
4	24 FL	INERAL DIRECTOR	alisbury mi	l.	25a. DA	40625 M	256 REGISTRAN	SSIGNATI	Spares-



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE

3

medicol

mury, a other troumotic event, the

poge 3

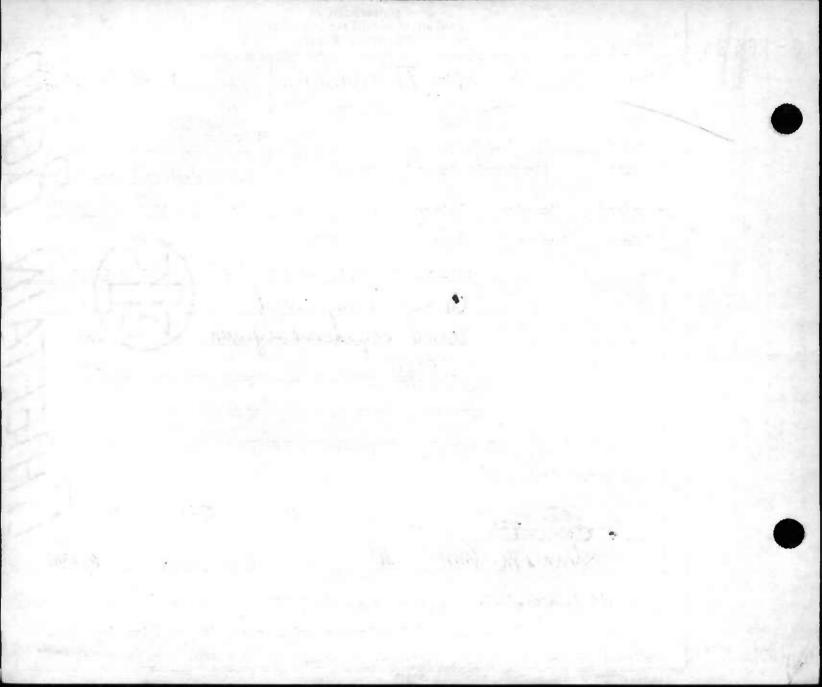
may be

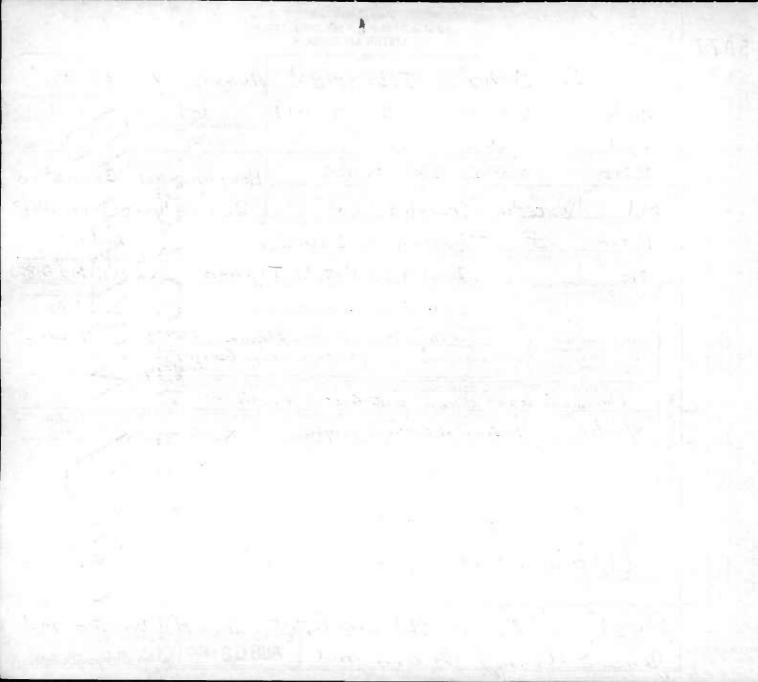
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE 6

2

REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.		
I. DECEASED NAME FIRST		MIDDLE	./	LAST	20. DATE OF DEATH		LY YEAR	2b HOUR
Alice	Mae	Adkins	TIL	ShMAN		8 Z	3 86	1032 M
3. SEX	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST		FUNDER I YEAR	
P	Whit	е	2-2	1-1924 YEAR	62	YRS.	DAYS	HOURS MIN.
A HIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D & NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Maryland	U.S	5.A.	WIDOW		Wicomico			MD
CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPA		12h KIND (OF BUSINESS OR
Salisbury	Penins	ula "Gene	ral Ho	spitai	C.&P Te		Sup.	
JOUAL RESIDENCE (IF NURSING HOW 130. STATE 136 CO	E OR OTHER INSTITUTION	13c CITY OR TO		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	S / ZIP CODE	2	1021
	Vicomico	Salisb	ury	YES NO X	Rt.#3, E	3ox 236	91	801
4. FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		1/	AST
	lutter	Adkins		Lillie		Colona		
60 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SEC	CURITY NO.	17 INFORMANT RO	bert Henry	Tilahmar	2	
No		217-12	-4447	Rt.1/3, Box 23	6 Sal i sbury	Marylo	and 21	801
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	only one couse pe	er line from this e	ind se	·		10.5	BETWEEN	XIMATE INTERVAL NONSET AND DEATH
	DIATE CAUSE (0)_	Cara	mm	umay UM	W.		MU	15
	DUE TO, C	OR AS ACONSEQU	UENCE OF	· · · ·	A. L. 174			40
Conditions, if any, which gove rise to immediate		uru	w N	Mycalaus &	ayuum		H	cas
couse (a), stating the underlying couse last		R AS A CONSEQ	UENCE OF	1	U		YE	10
	107							
	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASÉ OR CO	NDITION GIVE	N IN PART 1	10
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OI (IF EITHER, NOTIFY, MEDICAL EXAM	118h CONE	NITION FOR WHIC	HOPERATIO	N WAS PERFORMED	200 AUTOPSY?	128h IF YES	WERE FIND	INGS LISED
OF THE DATE OF OFERATION	178. CONE	DITION TOR WITH	II OF ERATIO	WAS FERI ORMED		IN CERTIFY	ING CAUSE	S OF DEATH?
210. ACCIDENT WAS UNDERLYING	21h TIME (OF INJURY		21¢ HOW INJURY OCCUR	YES NO	YES		NO 🗌
OR CONTRIBUTING CAUSE OF	DEATH HOUR A	.M. MONTH		THE HOW IN JOKY OCCOM	TENIER NATURE OF IN	JURT IN HEM IB PA	(I (OR PARI 2)	
(IF EITHER NOTIFY MEDICAL EXAM		OF INJURY	19	21f. LOCATION				
WHILE NO WHILE		TREET, FACTORY OFFICE	FARM ETC)	STREET	CITY OR	IOWN	COUNTY	STATE
AT WORK AT WORK				PO	8/	72	. 86	
220.1 certify that (1) (this hi			50/	nd that in (my) (opinion	death accurred on the	date and how		, that (1) (Jost
saw the decease alive above, we'll did did 22b. SIGNATURE	not) view the bod	y ofter death.		DEGREE	- down occorred on me	dore ond noor		E SIGNED
XIN	all Wa.	(mys	14	ATTENDING		AFF	221 041	0/281
22d PHYSICIAN'S NAME (T	PE OR PRINT)	0000	n,	PHYSICIAN	DIRECTOR PHYS	SICIAN	0	1/2/1/10
				THE ADDRESS				
	Wood, M.I		NIAME OF C	Salisbur		21801		
(SPECIFY)				CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
Burial FUNERAL DIRECTOR	8-26	-1986	Wicon	nico Memorial	Park Salish	ury Wic	omico	Md.
ALA AAE		ADDRESS	1. 1	Α.	TE REC'D. BY REGISTRA	ARIZED REGISTR	AK S SIGNA	perdella
Holloway Fune	ral Home	P.A. Sc	lisbury	, Maryland	001 100	0	and desired a	4

21801





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYL

by the funeral director, page 3 filed withm, 72 hours after death

ages Fond 2 should be

fter death, Page 4 may be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

retained by the hospital or attending physicion.

BP.

IMPORTANT: If Item 21 is morked or Item 18 shaws any injury, ar other traumatic event, the medical

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayol.

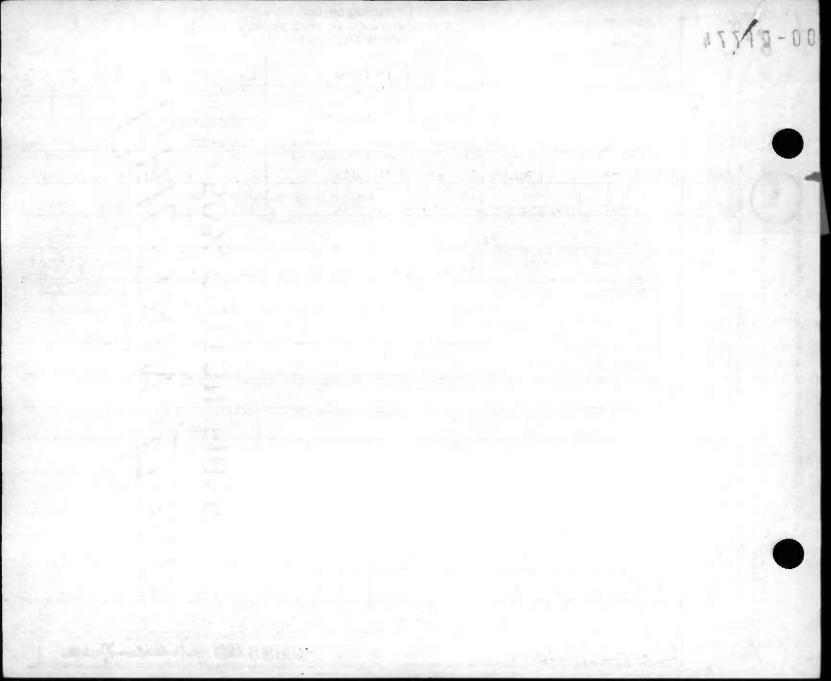
STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

9 2

REGISTRAK		CERTIN	TERTS OF BERTIN	REG. N	10.		
DECEASED NAME FIRST	WIDDLE	TIL	AST	20. DATE OF DEATH	MONTH I	DAY YEAR	2b. HOUR
JAMES	R.	1119	nman	Ducust	20.	1986	2051
SEX	4. RACE	5. DATE		6. AGE THE TEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
MALE	WHITE	SEPT		83	YRS.	AONTHS! DAYS	HOURS MIN
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
IARYLAND	USA	WIDOWE		Wicomico			N
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	12a. USUAL OCCUPAT			F BUSINESS O
Salisbury	Peninsula G		spital		Clothi		rchant
SUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDE	OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZID CODE		
		comoke	YES X NO	801 Mark			2185
FATHER'S NAME		LAST	15. MOTHER'S MAIDEN NAM				
JOHN	TILGHM		IONA	MIDDLE		WOO	STER
IN WAS DECEASED EVER IN U.S. A		IAL SECURITY NO.	17. INFORMANT	ADDR		1 I	Chanal
(YES, NO OR UNKNOWN) (IF YES, C	213	-05-2049	Jessie M.	Tilghman	OCOMO	oke Ci	
18 CAUSE OF DEATH (Enter	only one couse per line for to	1, (b), and (c).1				BETWEEN	MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (0) ACUT	E MTEL	ONONOCTTIC	LEVEE	MIA		
	DUE TO, OR AS A CO	NSEQUENCE OF					
Conditions, if ony, which	((b)				100		
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	NISECULENCE OF					
underlying couse lost.	(c)	NASE GOETACE OF					
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART 1	0 '
ž l							
190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
Ĭ				YES NO P		YING CAUSES	NO
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	ten ein vere	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJ.	JRY IN ITEM 18 P	ART I OR PART 2)	
		NIH DAY YEAR					
(IF EITHER, NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJUR		21f. LOCATION				
WHILE NOT WHILE	(AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	STREET	CITY OR TO	NWC	COUNTY	STATE
22a. I certify that (1) (this has	Table was fall the decree	11.	V4. 16. 10 86	10 AVG	. 20	10 8 6	that (To (we) la
sow the deceased alive of	A 10		nd that in (m) (our) opinion (
obove, (l) (we) (did) (did i	not) view the body after dea	th.	DEGREE		1010 0110 1100	22c DATE	
228 SIGNATURE	7 1 1		ATTENDING	MEDICAL STA	AFF	1	1
rohe o	al		PHYSICIAN	DIRECTOR PHYSI		8/2	1/86
22d. PHYSICIAN'S NAME (TYPE	ORPRINT		22e ADDRESS				
ROBERT	ALLEN		305 10 - 5	T. POCOL	TOKE	70-	21851
BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
Burial	8/23/86	Rehobet	h Pres. Cem	. Rehobet	ch Sor	me5set	Md.
FUNERAL DIRECTOR	,		25a. DAT	E REC'D. BY REGISTRAF	25b. REGIST	RAR'S SIGNAT	TURE
Sery S. Me	son Po	comoke C	ity, Md MG2	26 1900, gu	a Devid	son-Aand	482

DHMH - 16 60M 7/84 (VRA 15, 4)



requires that the death certificate

ATTENDING PHYSICIAN, The law

TO HOSPITAL

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

etained by the haspital ar attending physician.

ge 4 may be

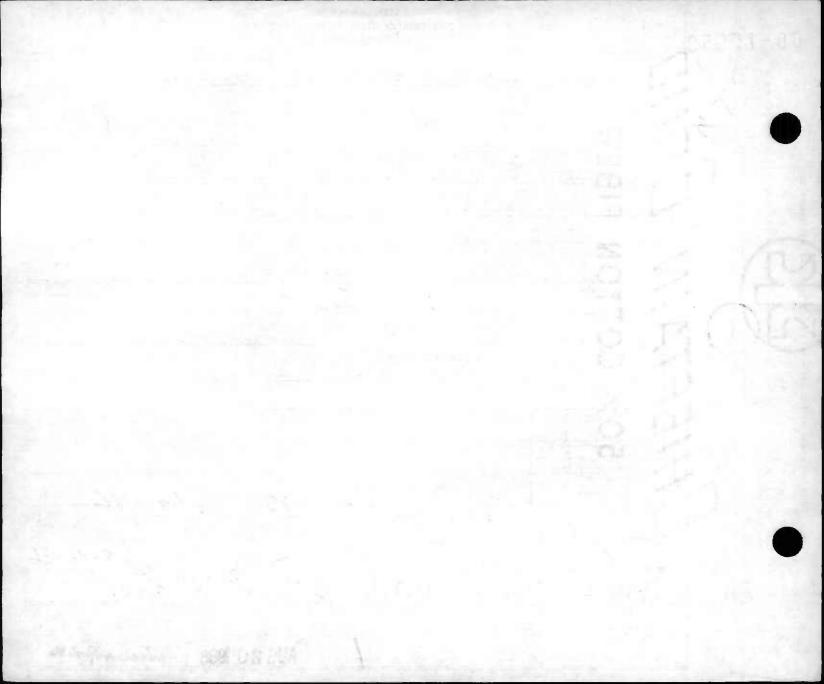
within 24 haurs after

STATE OF MARYLAND 1 - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

/		CEASED NAME	FIRST	M	HODLE		AST		2a DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
safter death	(TYPE	Dona	ld	Rich	nard	Turr	ner, Sr		Augu	st 17,	1986	9:03 _{ZM}
o P	3. SE.	х	4	RACE		5. DATE C			6 AGE LINYE	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
director.		Male		White	2	MONT	2 09	24	62	Y	RS MONTHS DAYS	HOURS MIN.
P 3		RTHPLACE (STATE OR FO	REIGN 7	6 CITIZEN OF V	VHAT COUNTRY	(? 8.	D NEVER MA	APPIED T	9 BALTIMO	E CITY OR COL	JNTY OF DEATH	
or 10		Maryland		USA	A	WIDOW		ORCED 1	Wo	rceste	r	MD.
he to the to	10 C	ITY OR TOWN OF DEAT			OSPITAL, NURS		OR OTHER INSTIT	TUTION		CCUPATION FOR MOST OF WORK	12b. KIND C	OF BUSINESS OR
		Ocean Ci		Jerr	ry Macl	c Rd.	(home)			Capta		
filled in a series of the seri	13a S	AL RESIDENCE (IF NURSIN STATE Aryland	36 COUNT		13c CITY OR TO		13d. INSIDE CIT	Y LIMITS?	13e STREET A	DDRESS / ZIP (Rd.	21842
A Check		ATHER'S NAME	M	IDDLE	LAST		15. MOTHER'S			MIDDLE	145	51
18 (B) (Bower	1 7	lurner			aude	Virgi		mford Ti	
Pages medical		VAS DECEASED EVER IN YES, NO OR UNKNOWN) YES		VAR OF DATES)	215-12		Mrs.		Parson	Jei	ry Mack	Rd.
n sicia opers. o al.		18. CAUSE OF DEATH PART I. DEATH WA	Enter anly	one couse per BY:	/			cer	To the		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
24		1/	MMEDIATE	CAUSE (a)		une	2.71	201				
		Conditions, if any,	which	1	AS A CONSEO	UENCE OF	10					
		gave rise to imme	diote	(b)	AC A CONICEO							
by ase I, cr		underlying cause		DUE TO, OR	AS A CONSEO	UENCE OF						
gned in ple buria ry, ar	-	PART 2 OTHER SIGNI	FICANT CO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART 1	a.
t. The	Į.		0.11							novo Tasi	EMES AMERICAN	100
thes be	CERTIFICATION	190 DATE OF OPERATION	JN	IVE. CONDI	ION FOR WHIC	H OPERATIO	n was perfor	WED	200 AUTO		IF YES, WERE FINDII ERTIFYING CAUSES YES []	
ficate trans I Hyg IB sh		210. ACCIDENT WAS UNDER		21b. TIME OF	INJURY A. MONTH	DAY YEAR	21c HOW INJ	URY OCCUR	RED (ENTERNAT	URE OF INJURY IN ITE	M 18 PART I OR PART 2)	T =0.5
certical- enta	MEDICAL	LIFEITHER NOTIFY MEDICA	LEXAMINER)	P.A		19						
this he bund w	MED	21d. INJURY OCCURRE		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE	E. FARM ETC)	21f. LOCATION	N		CITY OF TOWN	COUNTY	STATE
After as till the larke		AT WORK AT WORK		100	,		1/19	pre	-	0/19	286	
r use Hea		220.1 certify that (1) (t				(Lang	that in (my) (r	., 19	denth accurred	l an the date an	d hour and fram the	that (II (we) last
ed fo		sow the deceased abave, (I) (we) (dic 276. SIGNATURE	d (did note	lew the bady	fter death.		DEGREE	out, opinion o	scom occorrec	an in oute and	22c. DATE	
AL DIREC etached ite Dept. I: If Item	(120	2	. /.	W	Y	. / 1	TENDING	MEDICAL	STAFF PHYSICIAN		16-86
be deto e State [22d. PHYSICIAN'S NAA	AE (TYPE OF	PRINT)			22e ADDRESS			VISION	57	
shauld be det with the State		DAVID E	- (own	L, 1	ND.	5	0/1564	ery,	UB .	2/80/	
F to 3 &	23a E	BURIAL, CREMATION, RE	EMOVAL	23b. DATE			EMETERY OR CE		23d. LOCA		COUNTY	SIME
		Burial		8/20,	/86	Everg	ceen Ce		4		Wordest	
- 16 60M 7/B4		UNERAL DIRECTOR V. Kirk Bu	ı xh a c	100	D TAT ADDRESS	ioma	Ber.	A I I	E REC'D. BY RE	GISTRAR 255 RE	GISTRAR'S SIGNAT	TURE
/RA 15, 4)	V	A. WILK DO	Trnac	Je' In	AATTT.	Lamb i	och Ma.	AUG	DAUR	000	Chamlacata-N	



00017096 when decard 0000

LAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR

TO FUNERAL DIRECTOR: After this certificate hos been signed by the or should be detoched for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior ta burial, cremate

DHMH - 16 60M 7/B4

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that

etained by the hospital or attending physician

1 - FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

2	य	1000	7	0
REG. N	10.			
OF DEATH	MONTH	DAY	YEAR	2b. HOUR

F.	x emale	4. RACE White		Date of Birth June 16, 04/945	6. AGE (IN YEARS LAST BIRTHD)	IF UNDER I YEAR IF UNDER MONTHS DAYS HOURS
7o. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	16 CITIZEN OF U. S.	WHAT COUNTRY? 8.	MARRIED NEVER MARRIED (
1	lisbury	(IF NOT IN SU	HOSPITAL, NURSING H CH FACHLITY, GIVE STREET ADDR Ula General		12a USUAL OCCUPATION (TYPHOF WORK FOR MOST OF WIT	
130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR COUNTAIN COUR	other institution NTY mack	GIVE RESIDENCE BEFORE ADM	MISSION) 13d INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS / Z	SEVEL 23336 44
14. FA	Ashley H	orne	LAST	15. MÖTHER'S MAIDEN I	Clayton MIODLE	LAST
160 V	WAS DECEASED EVER IN U.S. AR yes, no or unknown) (IF YES, GI	MED FORCES? (E WAR OR OATES)	242-72-845	17 INFORMANT 52 Harry J. Wo	lker, Chincote	eague, Virginia
	IMMEDIA	re CAUSE (a)	- 0 WOODVYYYY	7 - 1001 1000	N/W/	
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	(b) DUE TO, O	OR AS A CONSEQUENC	nt a Myli	me mem	
TIFICATION	gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, O (c) CONDITIONS C	OR AS A CONSEQUENC	nt a apri	200 AUTOPSY? 21	ION GIVEN IN PART 110 Ob. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NOT
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, O (c) 196 COND 196 COND 196 COND 197 COND 198 COND 198 COND 198 COND 198 COND 198 COND 198 COND	OR AS A CONSEQUENCE	CE OF ATH BUT NOT RELATED TO THE TE PERATION WAS PERFORMED 216 HOW INJURY OCC	200 AUTOPSY? 21	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEAT YES \(\) NO \(\)
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	DUE TO, CO (c) 19b COND 19b COND ATH HOUR A 21b PLACE	OR AS A CONSEQUENCE ONTRIBUTING TO DEA OITHON FOR WHICH OPE OF INJURY .M. MONTH DAY	DE OF ATH BUT NOT RELATED TO THE TE PERATION WAS PERFORMED YEAR 19 216 HOW INJURY OCC YEAR 19	200 AUTOPSY? 21	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEAT YES \(\) NO \(\)
-	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (198, DATE OF OPERATION) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO FOR CHE THER NOTIFY MEDICAL EXAMINE (198 LITHER NOTIFY MEDICAL EXAMINE) 210. I CETTIFY THAT (1) (THE DATE OF COURSED) WHILE NOT WHILE AT WORK 220. I CETTIFY THAT (1) (THE DATE OF COURSED) Saw the deceosed alive or above, (1) (see) (did) (die and above,	DUE TO, CO (c) 19b COND 19b COND 19b COND 19b COND 21b TIME C HOUR A P 21e PLACE (AT HOME, ST	ONTRIBUTING TO DEA ONTRIBUTING TO DE ONTRIBUTIN	PERATION WAS PERFORMED YEAR 19 216 HOW INJURY OCC STREET 19 19 217 218 219 219 219 219 219 219 210 210	200 AUTOPSY? YES NO NO NO INJURY IN CITY OR TOWN	Ob. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO COUNTY COUNTY 19 And hour ond from the couses sto
-	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (198. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR (HE EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK NOT WHILE ALWORK NOT WHILE ALWORK 22a I certify that (I) (the base saw the deceosed alive or above, (I) (me) (did) (did)	DUE TO, CO (c) 19b COND 19b COND 19b COND 19b COND 21b. TIME C HOUR A P 21e PLACE (AT HOME, ST	ONTRIBUTING TO DEA ONTRIBUTING TO DE ONTRIBUTIN	TEOF ATH BUT NOT RELATED TO THE TE PERATION WAS PERFORMED YEAR 19 21f LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOT INTERPRETATION OF INJURY IN CITY OR TOWN To death occurred on the date	Ob. IF YES, WERE FINDINGS USED NOTE OF THE STATE OF THE
MEDICAL	gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (198, DATE OF OPERATION) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSO FOR CHE THER NOTIFY MEDICAL EXAMINE (198 LITHER NOTIFY MEDICAL EXAMINE) 210. I CETTIFY THAT (1) (THE DATE OF COURSED) WHILE NOT WHILE AT WORK 220. I CETTIFY THAT (1) (THE DATE OF COURSED) Saw the deceosed alive or above, (1) (see) (did) (die and above,	DUE TO, CO (c) 19b COND 19b COND	ONTRIBUTING TO DEA OF INJURY REET, FACTORY, OFFICE, FARM, THE DEACH OF T	PERATION WAS PERFORMED YEAR 19 21f LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? YES NO	Ob. IF YES, WERE FINDINGS USED NOTE OF THE STATE OF THE

delices home

the second second second

Mark alphanum to the transfer of the second second

יניה נותם ולפסיפור הלונה ישופה א וכן בפחת הלוגה ול ה

Lita Lagion

Maria and the sales of the district

Liverty extern random Virginia

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

)	2	4		9	1
	REG. NO.				
TE OF OF	" A WILL	December 1	40 11	44 E 4 E	

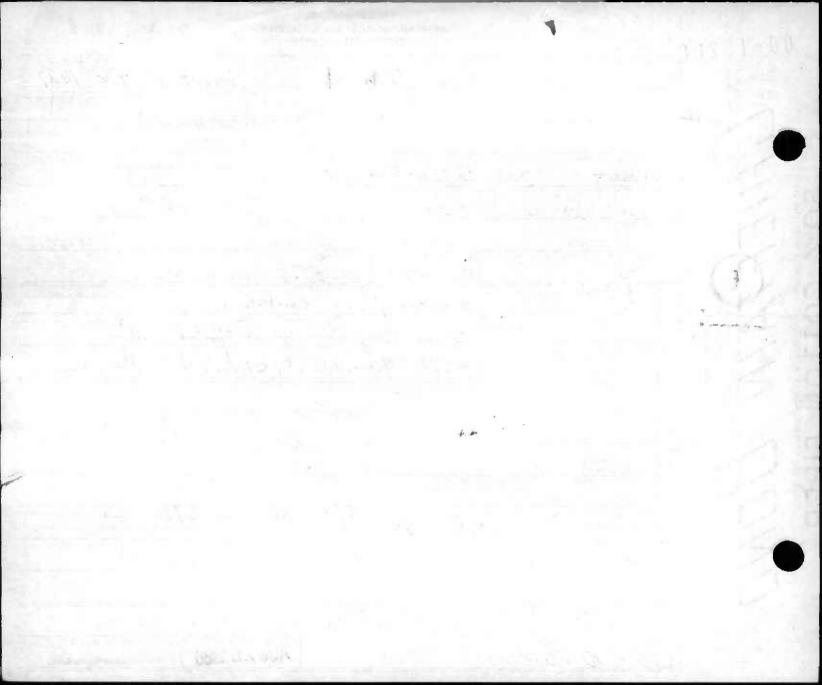
_	1 -	FOR STATE REGISTRAR	DEPAR		FICATE OF DEATH	IENE 6 2	4 1	9 1	/
U		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26	. HOUR
	Titre	Russe	ell W.	Wal	ter	AUGUST	20,198	6/	627 M
1	3, 5E)	X-)	4. RACE	5. DATE O	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER		UNDER 24 HRS
0	Ma	le	White	Augus	t 18 1915	71	YRS.		, All a
ř		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEA	ATH	
2		ryland	USA	WIDOW	ED DIVORCED	Wicomico			MD.
1	S	alisbury	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Peninsula Gene	eral H		12a, USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Plumber		KIND OF B USTRY	BUSINESS OR
2	130. S De:	laware Suss		WN	13d. INSIDE CITY LIMITS? YES NO 🛣	130.STREET ADDRESS / 52E Laws Po		99	999
1	FA	THER'S NAME Clarence	MIDDIE Walt	er	15 MOTHER'S MAIDEN NAM Virginia	WE		Gerr	ring
5		VAS DECEASED EVER IN U.S. Al		CURITY NO.	17. INFORMANT	ADDRE	SS	Trans.	
2		YES, NO OR UNKNOWN) (IF YES, GI	216-01-	0745	Audrey L. Wal	lter, Selby	ville, DE		
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A GONSEO (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	BENCE OF	brille Y	chroic Ho	Life DITION GIVEN IN P	o de	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	AUSES OF	
7	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE	ER) P.M.	DAY YEAR					
	MED	21d INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn cou	YINIY	STATE
		sow the deceased alive or obove, (I) (we) (did) (did no 22b. SIGNATURE	not) view the body after death.	0 1	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c		
/		22d PHYSICIAN'S NAME (TYPE	.L 23b. DATE 23		22e. ADDRESS CEMETERY OR CREMATORY	23d. LOCATION			
		(SPECIFY) Burial	August 23, 198	6 Gard	lens Of Faith	Baltimore	Baltim	ore	MID

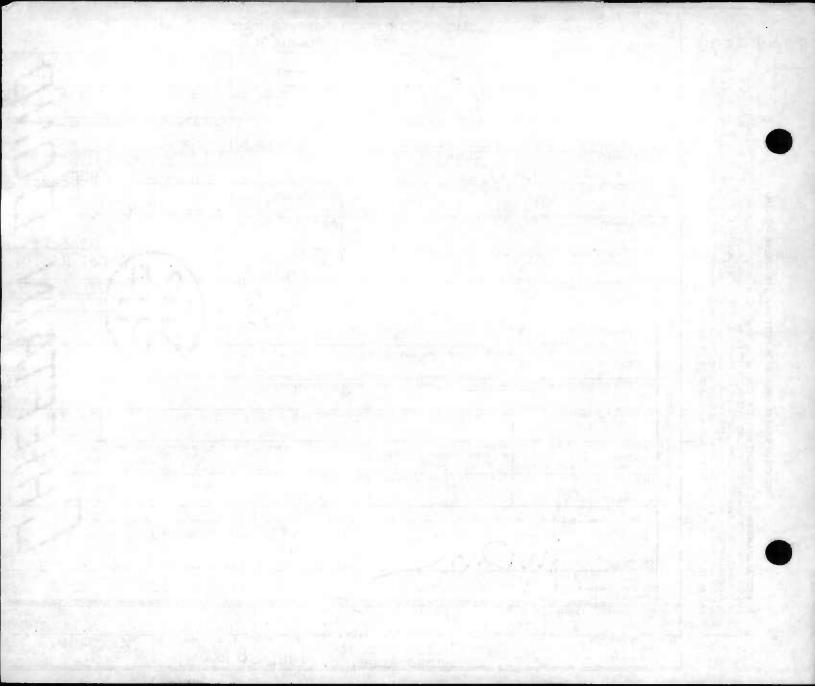
DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Hem 21 is marked ar Item 18 shares any

Selbyville, DE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Julia Carillean Affriday





00-16997

or, page 3 fter death

STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL UVCIENCE

24199

1-	STATE REGISTRAR			DEPART		ICATE OF I	DEATH	Signe O	REG. NO.		
	CEASED NAME CORPRINT)	FIRST EMMA		TINGTON		LAST		2a. DATE OF D		30 86	6:35
3. SE:	Female		4 RACE Whi	te	5. DATE O	H DAY	1891	6. AGE (IN YEAR 94	S LAST BIRTHDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
1	RTHPLACE (STATEORE COUNTRY) Maryland		/U.S.		WIDOW		IVORCED [9. BALTIMORE WICON	CITY OR COUN'	TY OF DEATH	M
SI	ITY OR TOWN OF DEA ALISBURY		SALISE	OSPITAL, NURSIN			TITUTION	120 USUAL OC (TYPE OF WORK FO House	OR MOST OF WORKING		F BUSINESS OF
13a. S	AL RESIDENCE (IF NURS STATE Aryland	1 b COUN		131. CITY OR TOW Marion		13d INSIDE C	NO 🚺	R.F.D.	DRESS / ZIP CO	ton Rd.	(21838
A	THER'S NAME FIRST		MIDDLE	Jones		Me	S MAIDEN NA		MIDDLE	W111	ing
	WAS DECEASED EVER YES, NO OR UNKNOWN)		E WAR OR DATES)	219-44-		Mrs. N	wrtle	Bitner	P. O. I		21664 MATE INTERVAL DNSST AND DEATH
	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediote g the	DUE TO, OI	PONESTI R AS A CONSEQUE	1184	dar	KIW	seleu	rsis	y	۷,
CERTIFICATION	PART 2 OTHER SIGN	199		ONTRIBUTING TO I				20a AUTOPS	20b. IF Y	ES, WERE FINDIN	IGS USED OF DEATH?
MEDICAL CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING CC (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEA	P 21e PLACE	M. MONTH DA	19	21c HOW IN	ON.	RED (ENTER NATUE	E OF INJURY IN ITEM IS	YES B PART I OR PART 2] COUNTY	NO _
4	while Not what work 270. I certify that (I) sow the decease	(this hospited olive on.	2	198		DEGREE			8-22 on the date and hi	our and from the c	
	The state of the control of the cont	IMP (TYPE OF BEARDS		D.		27e ADDRES	PHYSICIAN)		PHYSICIAN [18/30	2/86.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fushould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filled within with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

njury, or other troumotic

IMPORTANT: If Item 21 is marked or Item 18 shows

23b. DATE 9/1/86 23a. BURIAL, CREMATION, REMOVAL Burial

23c. NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery

23d LOCATION Marion Somerset

Md. STATE

24. FUNERAL DIRECTOR Bradshaw & Sons

Crisfield, Md. 21817 250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE \$1986

Augustical Co

49 1991 (65 .de ... Antelia

Total Service

DEBTS) NE metalocia .C.S.H. K metalo datament

210-44-1516 In. Wrele items Sameters, Mr. 21864

to recording the second second that

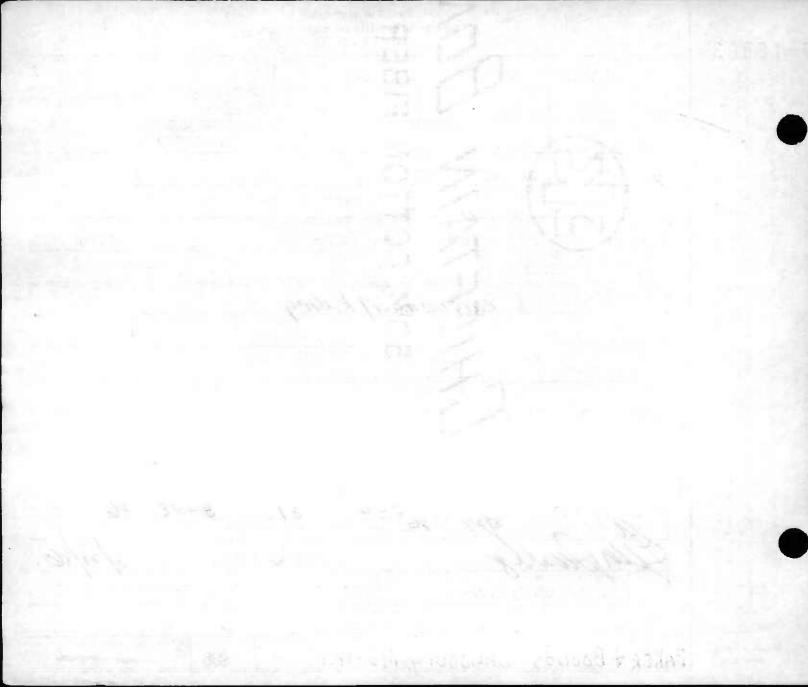
N 20-12 17

the distance of the complete the second of the design of the complete the complete that the complete the comp TREE L. C. Collected . Collected . L. 21277

The transfer of the Inventor o 200일은 100 Hell - 1, 2 - 100 Hell 120 H And I want definition to real the second

0
0
me.
2.4
-
-
PW.
4.4
-
MARYLAND
ORE
IMO
-
-
1000
Steel 1
-
-
BALTI
485
-
-
Sec.
PRESTON ST
6.75
3
90
-
-
01 4
10
201 4
201 4
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
201
ISION OF VITAL RECORDS, 201 V
201
201
201
201
201
201
201
201
201
201
201

3		FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FINE 6 2	4201
		EASED NAME FIRST	Carnox	LITT IZZDONI	20. DATE OF DEATH	8-28-86 6:15
	1.5EX	BLANCHE	Carney	WILKERSON 15. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	
	a ota	Female	White	June 14 1892	94	MONTHS DAYS HOURS
t	7. C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? U.S.A.		9 BALTIMORE CITY O	PR COUNTY OF DEATH
10	0. CI	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
6	USUA 130. S Ma	RESIDENCE (IF NURSING HOME OF TATE 136 COURS HOME WORD)	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV ester Pocomoke	RE ADMISSION) 13d. INSIDE CITY LIMITS?		ZIP CODE
130	/	James	Carney	Ella	MIDDLE	Miller
2	6# W	/AS DECEASED EVER IN U.S. AF res. 100 or unknown) { (if yes, gi	RMED FORCES? 166. SOCIAL SECULAR SECUL			d Mill Lane ry,Md. 21801
roumatic		Conditions, if any, which	DUE TO, OR AS A CONSEOU	JENCE OF		
	CATION	gave rise to immediate cause (a), stating the underlying cause last	(b)	241	INAL DISEASE OR CONI	20b. IF YES, WERE FINDINGS USED
2 de la company, or dener recomment de	KTIFICATION	gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	(b)	JENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTÓPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YESNO
9	CERTIFICAT	gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19	200 AUTÓPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES \(\text{NO} \)
prived or tems 18 shows any injury, or ather fraumatic e		gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAUSE OF DE	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	DENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW INJURY OCCURE 19 211 LOCATION	200 AUTÓPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFY ING CAUSES OF DEAT YES NO RY IN ITEM 18 PART 1 OR PART 2)
ANT: If them 21 is motived or them	CERTIFICAT	gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK SOW DECESSED AND CONTRIBUTIONS OF DECES	DUE TO, OR AS A CONSEQUE (c) 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, itol) attended the deceased from. 19 and the body offer death.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW INJURY OCCURE 19 21l LOCATION STREET DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	200 AUTOPSY? YES NO CITY OR TO: CITY OR TO: death occurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO PART 1 OR PART 2) WN COUNTY ST ate and hour and from the causes sta
MPORTANT: If them 21 is monked on them 18 shows any injury, or other froumance	MEDICAL CERTIFICAT	gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED 11d. INJURY OCCURRED 22a.1 certify that (1) (this hosp sow because alive at 10 medical cause of the control of the con	DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, itol) attended the deceased from. 19 DR PRINT) OR PRINT) OSLEY, M.D.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO: CITY OR TO: death occurred on the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO PART 2) WN COUNTY ST ate and hour and from the causes started and hour and from the causes started and the cause



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

MPORTANT: If hem 21

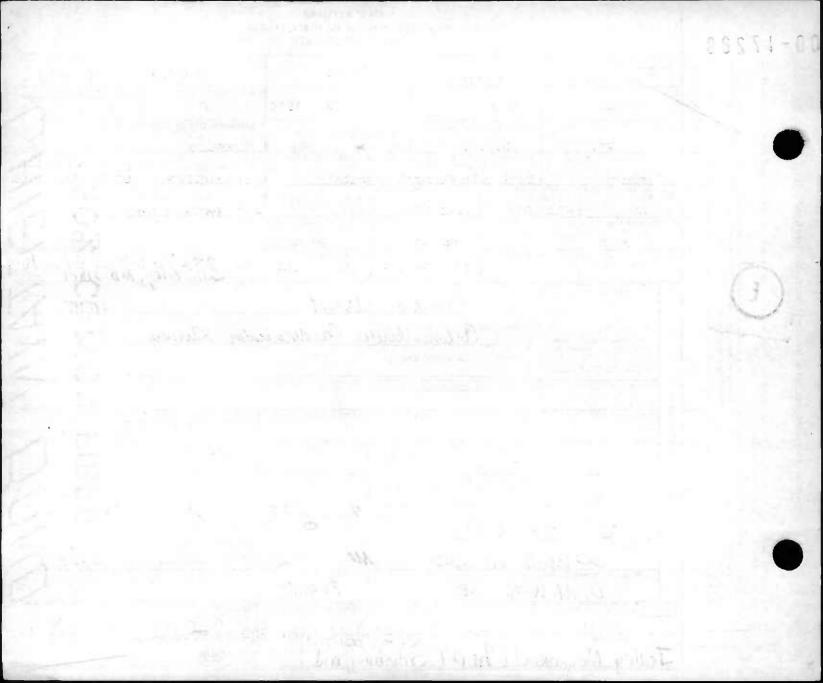
DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH CERTIFICATE OF DEATH

4 2

FOR STATE REGISTR	AR		DEPARTA		EALTH AND	MENTAL HYG	IENES	2 REG. NO	4	20	2	
I. DECEASED N	CATHERINE		RNICE		lliams		20. DATE (Aug	ust	24, 198		0UR 159 M
FEM		NEGRO		5. DATE C	OF BIRTH	ĭ1^924	6. AGE (IN	61		MONTHS DA		DER 24 HRS.
TE BIRTHPLACE	(STATE OR FOREIGN	U.S.	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER /	WARRIED		ORE CITY OF	COUNTY	Y OF DEATH		MD.
Salisbu	SV BEAMSENION	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET LIA Genera	ADDRESS)		TITUTION	(TYPE OF WO	L OCCUPATION FOR MOST OF	WORKING LIF			CATIO
USUAL RESIDER 134. STATE MD	rsing home or of 13b. COUN' WICON	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW SALISBU	Ν	13d. INSIDE C	NO 🗌	458	ADDRESS /		-	2/8	0/
-	OHN	HODLE	BROOKS		N	S MAIDEN NAM FIRST IARGARE!		MIDDLE		I	LAST LEWIS	
160. WAS DECE (YES, NOR U	ASED EVER IN U.S. ARA NKNOWN) (IF YES, GIVE	AED FORCES? WAR OR DATES!	144-16-		DURAN	WILLI	AMS	Salisi	Coll	MDS	POZIMATE IN EN ONSET A	lpts.
gave ri couse underlyi PART 2. 0	ons, if ony, which ise to immediate (ol), stating the ing cause last. OTHER SIGNIFICANT C	(c)ONDITIONS <u>C</u>	R AS A CONSEQUE	DEATH BUT	NOT RELATED			ise or cond	ITION GIV	VEN IN PART	IDINGS U	
OR CONISE	DENT WAS UNDERLYING THE	n	M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCURR	YES T	NO NATURE OF INJUR		PART I OR PART	NO (2)	
2	R NOTIFY MEDICAL EXAMINER) RY OLG WHILE AT WORK	21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC)	21f. LOCATK			CITY OR TOV	VN.	COUNTY		STATE
220.1 cert saw abov 274 SIGN	tify that 1) this hospit the deceased always, we will did did not NATURE SICIAN'S NAME (TYPE OF	///	las		DEGREE 22e ADDRES	attending Physician C	MEDICA		F			
BURIAL CE	REMATION, REMOVAL URIAL RECTOR	23b. DATE 8-29-		PRIN		CREMATORY MEM 20 250. DATE	23d. LOC EREC D. BY		20 N	WIC	OMIC	STATE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

3

may be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

20 4 2

- 4		REGISTRAR			CERTII	ICAIL OI D	LAIN	REG. N	Ο.		
	1. DEC	EASED NAME FIRST PAUL	Mar		I)	VILSON	, Sr.	20 DATE OF DEATH AUGU	- 0	DAY YEAR	2b. HOUR 1430 p
	3 SEX		4 RACE		5. DATE C			6. AGE (INYEAR LAST BH	/	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	White		MP21H	1/8	1944	71	YRS	MONTHS DAYS	HOURS MIN.
1		THPLACE (STATE OR FOREIGN	76 CITIZEN OF WH.		8. MARRIEI	DE NEVER M	ARRIED 🗍	9 BALTIMORE CITY C		OF DEATH	
100	Ma	aryland	U.S.		WIDOWE	D DIV	ORCED 🗌	Wicomico			MD.
		YOR TOWN OF DEATH Lisbury	11. NAME OF HOS (IF NOT IN SUCH FA Penins	CILITY, GIVE STREET	AODRESS)			Retired Ch			ise Rep.
42.0	13a. S	RESIDENCE (IF NURSING HOME OF TATE 136 COL Aryland W:	ROTHER INSTITUTION GIVE NTY 130 LCOMICO	RESIDENCE BEFORE CITY OR TOWN Salisb	e admission) /N UTY	13d. INSIDE CIT	Y LIMITS?	13e.STREET ADDRESS 141 Rockat	/ ZIP CODE walkin	Ridge	Rd. 2180
5	14 FA	THER'S NAME FIRST Samuel	James	Wils	on	15. MOTHER'S	IRST	WE		Graha	
٦		'AS DECEASED EVER IN U.S. A		SOCIAL SECU		17. INFORMAN	NT.	ADDR	ESS		
П	(1	NO NO		214-48-	5270	Edna 1	L. Wils	son Same	as 13e		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse last.	DUE TO, OR AS	RDIOR S A CONSEQUE REBRU	ESPIR ENCE OF OVASC	ATORY OUAR	Aceit		Disens		MATE INTERVAL OMSET AND DEATH
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT		DEATH BUT						5
7	CERTIFICATION	19a DATE OF OPERATION				N WAS PERFOR	MED	200 AUTOPSY? YES NO NO	IN CERTIF	S, WERE FINDING CAUSES	
7) 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		JURY MONTH D	AY YEAR	21c HOW INJ	URY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHITE NOT WHITE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE F	FARM ETC)	211 LOCATIO STREET	N	CITY OR TO)WN	COUNTY	STATE
		220.1 certify that (this has sow the deceased alive a above, (1) here (did) (did)	August	3 19.5	Jul 6 , or		19 PG	to Augu	st 3 ote and hou		that (I) (wellost couses stated
		22b. SIGNATURE	Reste	a, m		P	TENDING HYSICIAN [MEDICAL STA		22c. DATE	SIGNED
		Allen W. T	OR PRINT)			32 W	1	DaINE,	Aus	BURY	MD.
	- (urial, cremation, remova specify) urial	23b. DATE 8-6-198			Mem. C		y Mardela	W	icomico	MĎ
		INERAL DIRECTOR BAKER AND BOUNI	S	SALISB	URY. 1	1ARYLANI	AUG	7.7.1986 STA	AL DEVI	AR'S STATAL	ARBIC.

DHMH - 16 50M 4/83

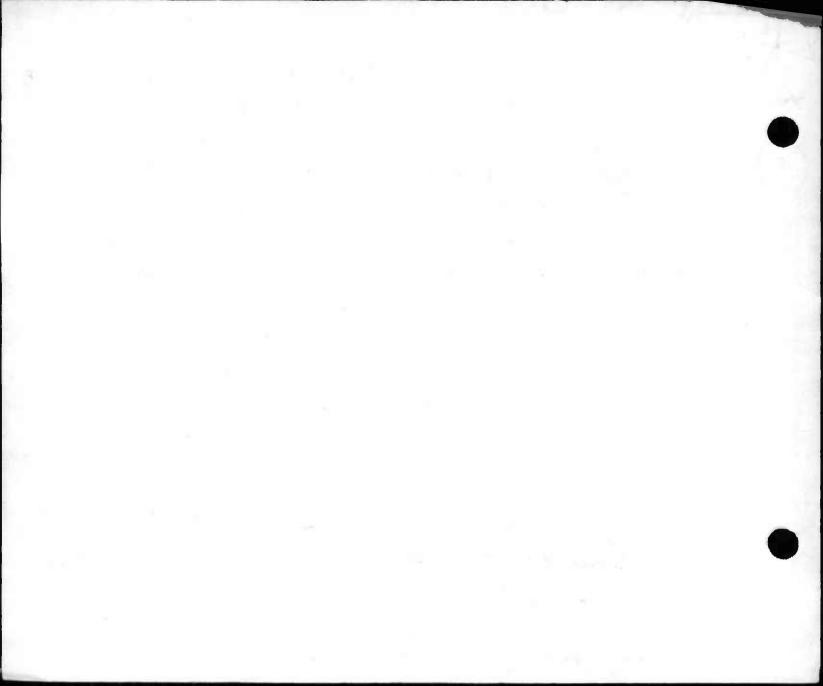
(VRA 15, 4)

attending physician.

etained by the haspital ar

BP.

TO HOSPITAL



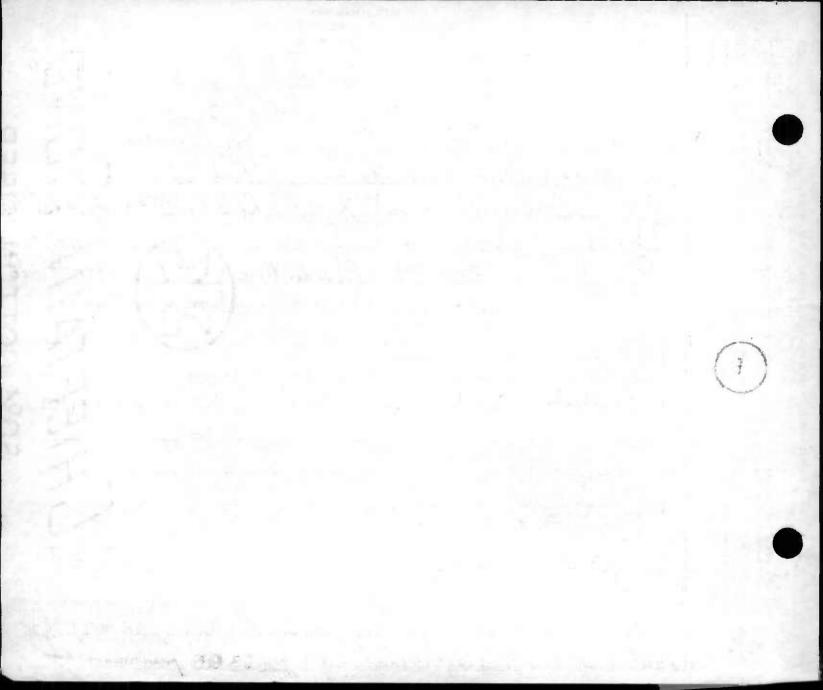
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 2 4 2 0 4

1	REGISTRAR.	CERTIFICATE OF DEATH	REG. NO.
1	1 DECEASED NAME THE COLLIN	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 126. HOUR TO 1350
1	1 SEX	S. DATE OF BIRTH MOSH DAY YEAR 22, 1093	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 21 HRS MONTHS DAYS HOURS MIN.
1	To SIRTHPLACE IN ATE ON COLEGE 76. CITIZE	MARRIED NEVER MARRIED WIDOWED DINORCED	BALTIMORE CITY OR COUNTY OF DEATH WILCOMICO MD.
1		AE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN SUCH FACILITY, GIVE STREET ADDRESS)	178 USUN OCCUPATION 178 KIND OF BUSINESS OR (TYPE OF ORK FOR MOST OF WORKING LIFE) INDUSTRY
1	The State County County County	THE TON GIVE RESIDENCE BEFORE ADMISSION) THE STORY OR TOWN THE STORY OF THE STORY	13. SOLET ADDRESS / ZIP GODES P. ANNEND 31
1	H FATHER NAME HOOVE	Carrison Is Mother MAIDEN NA	MIDDLE Wasneright
ł	THE WAS INCEASED EVER IN U.S. ARMED FOR		Wise Rt. 3 Buy 213 Pr. ANNEW
1	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART OTHER SIGNIFICANT CONDITION (A)	TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM CONDITION FOR WHICH OPERATION WAS PERFORMED	200 ADTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	YES NO YES NO RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
1	21d. INJURY OCCURRED WHILE AT WORK AT WORK	PLACE OF INJURY OME, STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
	270.1 certify that ((this hospital) attention saw the discoased are on above. (1) (we) (did) fill not view the contract of th		death occurred on the date and hour and from the causes stated MEDICAL STAFF DIRECTOR PHYSICIAN
1	230 BURIAL, CREMATION, REMOVAL 23b DA (SPECIFY) 127 IA	ate -6-86 Springhill Gwale	

Md, 2/859

DHMH - 16 60M 7/B4 (VRA 15, 4)



5898

FOR - STATE REGISTRAR 1. DECEASED NAME

male To BIRTHPLACE (STA

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND

	DEPARTA	CERTIFICATE OF DEATH	IENE O REG. NO.	203
Edwin	Albert	WOOYKA	Aug. 3, 1986	26. HOUR 11:00A
	4 RACE	5. DATE OF BIRTH		IDER I YEAR IF UNDER 24 HRS
	white	Oct. 5, 1930	55 YRS. MONTH	HS DAYS HOURS MIN.
TE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF D	DEATH
icut	USA	WIDOWED DIVORCED	Wicomico	MD.
FDEATH	M. NAME OF HOSPITAL, NURSIN			b. KIND OF BUSINESS OR
7 /	Peninsula Gener	al Hospital	pountry worker	poul. Ind.
NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSIONI		1266131363

Connecticut	WIDOW	VED DIVORCED	Wicomico	MD.
	NAME OF HOSPITAL, NURSING HOME IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Eninsula General H		TO USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE POUNTRY WORK	12b. KIND OF BUSINESS OR INDUSTRY POUL. Inc
USUAL RESIDENCE (IF NURSING HOME OR OTHER 130. STATE Delaware SUSSE	EX DEESTON	13d. INSIDE CITY LIMITS?	B. STREET ADDRESS / ZIP CODE	A-7 719939
Andrew MIDDLE	Wodyka	15. MOTHER'S MAIDEN NA. Bilee Es		nski LAST
160 WAS DECEASED EVER IN U.S. ARMED F (YES, NO OR UNKNOWN) (IF YES, GIVE WAR O		17 INFORMANT 1 Eileen Woo	lyka Rt. 1 Box	Dagsboro, De : 133 a-\$\foralle{T}
Conditions, if any, which gave rise to immediate	Cont. a.	0/0	of his with p	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

NOF YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 21e PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased frai

saw the deceased alive an obove, (I) (we) (did) (did not) view the bady after death. and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated 22b. SIGNATURE

PHYSICIAN

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 40

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

> 547-0 RIVERSIDE DRIVE SALISBURY MO 21401

DIRECTOR PHYSICIAN

BENITO 5 CHAN 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Dagsboro, Delaware

6/86 Dagsboro Cem.

- 16 60M 7/84 (VRA 15, 4)

18 sh

21 is morked or Item

MPORTANT

should be detached with the State Dept.

MEDICAL

Millsboro, Del.

implified that the death certificate be executed within 24 hours after death. Page 4 may be

I director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCHENE

13	10	-	13	
Con	les	Sin	U	

	REGISTRAR			CERTI	FICATE OF DEATH	REG. N	Ο.		-
	CEASED NAME FOR PRINT)	FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH OAT	YEAR	2b. HOUR
	, t	YOWARD	Royal	W00	TIEN		8/26	186	10:00
3. SE	X	4.	RACE	5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 H
1	Male		White	03		57	YRS.	DATS	HOURS M
70.BI	IRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WHAT CO	UNTRY? 8.	ED D NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
	Maryland		U.S.A.	WIDOW		Wicomico			
10. C	ITY OR TOWN OF	DEATH 11		NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPAT			F BUSINESS
241	lisbury		Peninsula G	eneral Ho	-	Painter	OF WORKING LIFE)	Lewis	Bros
	AL RESIDENCE (#	13b. COUNTY	THER INSTITUTION, GIVE RESIDER Y 13c. CITY	nce before admission) OR TOWN	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
	Maryland	Wicom	ico Sal	isbury	YES X NO	Box 2181		218	301
14. FA	ATHER'S NAME FIRST		DDLE	LAST	15. MOTHER'S MAIDEN NA	AME			
	James	A N		tten	Madeline			Mar	
	WAS DECEASED E		ED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDR	ESS	***	
(YES, NO OR UNKNOWN	Navy	Korea 213-	24-4586	Patricia 0.	Wootten S	ame as	13e	
П	18 CAUSE OF D	EATH (Enter only	one couse per line for to BY:), (b), ond (c),1				BETWEEN	MATE INTERVAL
	PART I. DEAT	H WAS CAUSED	CAUSE (0) EMP	NYSEMA				-24	YORRS
	Conditions, if gove rise to couse (a), st	immediate toting the	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO						
NOI	gove rise to couse (a), st underlying co	immediate toting the ouse lost.	(b)	INSEQUENCE OF	T NOT RELATED TO THE TER/	WINAL DISEASE OR CON	DITION GIVEN	IN PART 1	0.
TIFICATION	gove rise to couse (a), st underlying co	immediate toting the buse last.	(b)	INSEQUENCE OF	T NOT RELATED TO THE TER/ DN WAS PERFORMED	VINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES, V	VERE FINDI	
CAL CERTIFICATION	gove rise to couse (0), st underlying country of the part 2. OTHER S	immediate toting the puse lost. SIGNIFICANT CO	(b) DUE TO, OR AS A CO	INSEQUENCE OF	DN WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	VERE FINDI NG CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to couse (o), st underlying cc PART 2. OTHER S 19a DATE OF OPI 21a. ACCIDENT WAS OR CONTRIBUTING ITE EITHER, NOTIFY 21d INJURY ON WHILE NO WHILE NO COURS OF THE PROPERTY OF THE PARTY OF TH	immediate toting the t	DUE TO, OR AS A CO	INSEQUENCE OF ING TO DEATH BU WHICH OPERATION ITH DAY YEAR 19	DN WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	VERE FINDI NG CAUSES	NGS USED OF DEATH? NO
	GOVE rise to couse (o), st underlying cc underlying cc part 2. OTHER S 19a DATE OF OPI 21a. ACCIDENT WAS OR CONTRIBUTING IF EITHER, NOTIFY 21d INJURY OCC WHILE AT WORK AT W	immediate total grade in the post of the p	(b) DUE TO, OR AS A CO IC) DNDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR AMAIN MON P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY) 1) ottended the decease. View the body offer deat	WHICH OPERATION WHICH OPERATION WHICH DAY YEAR 19 (*, OFFICE, FARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 S COMMISSION DEGREE ATTENDING PHYSICIAN 220 ADDRESS	200 AUTOPSY? YES NO CITY OF TO CITY OF TO deoth occurred on the decoration of the	20b. IF YES, VIN CERTIFYII YES IN CERTIFYII YES OWN 19 ofe ond hour o	COUNTY COUNTY 226. DATE	NGS USED OF DEATH? NO state that (I) (we) couses state SIGNED
MEDICAL	gove rise to couse (o), st underlying countrying countrying country (o), st underlying country (o), st underlying country (o), st underlying country (o), and (o), an	immediate totaling the bouse lost. SIGNIFICANT CO ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) TURRED TOT WHILE COURTED TOT WHILE COURTED TOTAL COURTED TOT	(b) DUE TO, OR AS A CO (c) DUE TO, OR AS A CO (c) DICTIONS CONTRIBUTE 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR) (AT HOME, STREET, FACTOR) VIEW the body offer deat	WHICH OPERATION OFFICE, FARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 ATTENDING PHYSICIAN 220 ADDRESS Penninsula	200 AUTOPSY? YES NO CITY OF TO CITY OF TO MEDICAL STA DIRECTOR PHYSIO	20b. IF YES, VIN CERTIFYII YES IN CERTIFYII YES OWN 19 ofe ond hour o	COUNTY COUNTY 226. DATE	NGS USED OF DEATH? NO STATE
WEDICAL MEDICAL	GOVE rise to couse (o), st underlying cc underlying cc part 2. OTHER S 19a DATE OF OPI 21a. ACCIDENT WAS OR CONTRIBUTING IF EITHER, NOTIFY 21d INJURY OCC WHILE AT WORK AT W	immediate totaling the bouse lost. SIGNIFICANT CO ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) TURRED TOT WHILE COURTED TOT WHILE COURTED TOTAL COURTED TOT	(b) DUE TO, OR AS A CO IC) DNDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR AMAIN MON P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY) 1) ottended the decease. View the body offer deat	WHICH OPERATION WHICH	216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STREET 219 S COMMISSION DEGREE ATTENDING PHYSICIAN 220 ADDRESS	200 AUTOPSY? YES NO CITY OF TO CITY OF TO deoth occurred on the decoration of the	20b. IF YES, VIN CERTIFYIN YES IN CERTIFYIN YES IN THEM 18 PART 19 Offe and hour offerance.	COUNTY COUNTY 226. DATE	NGS USED OF DEATH? NO state that (I) (we) couses state SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

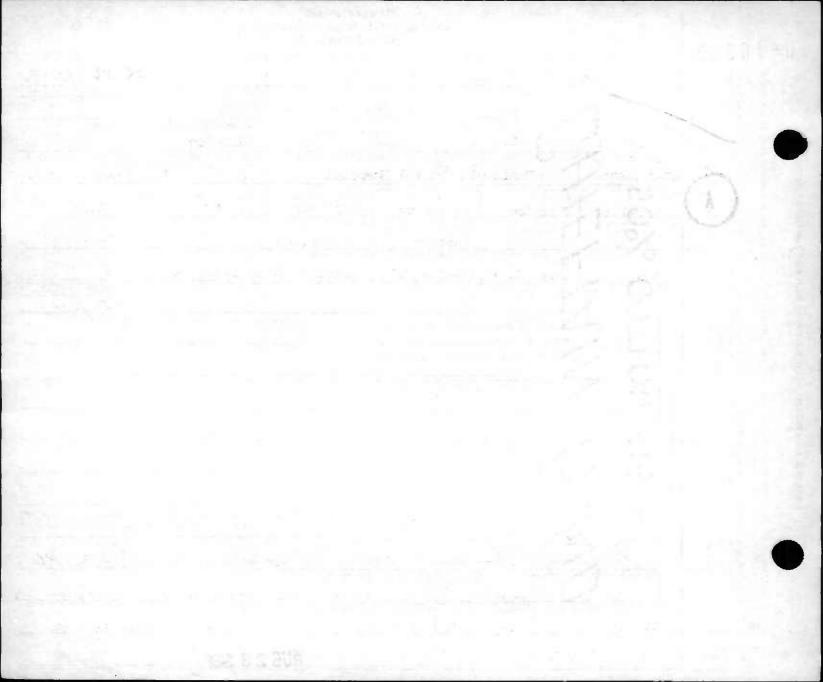
BP.

TO FUNCEAL DIRECTOR. After this certificate has been lighted by the otherding physician and co-should be detached for use as the buring-transar permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burind, cremation, or removal.

ATTENDING PHYSICIAN, The

BAKER AND BOUNDS

SALISBURY, MARYLAND



BP.

DHMH - 16 60M 7/B4

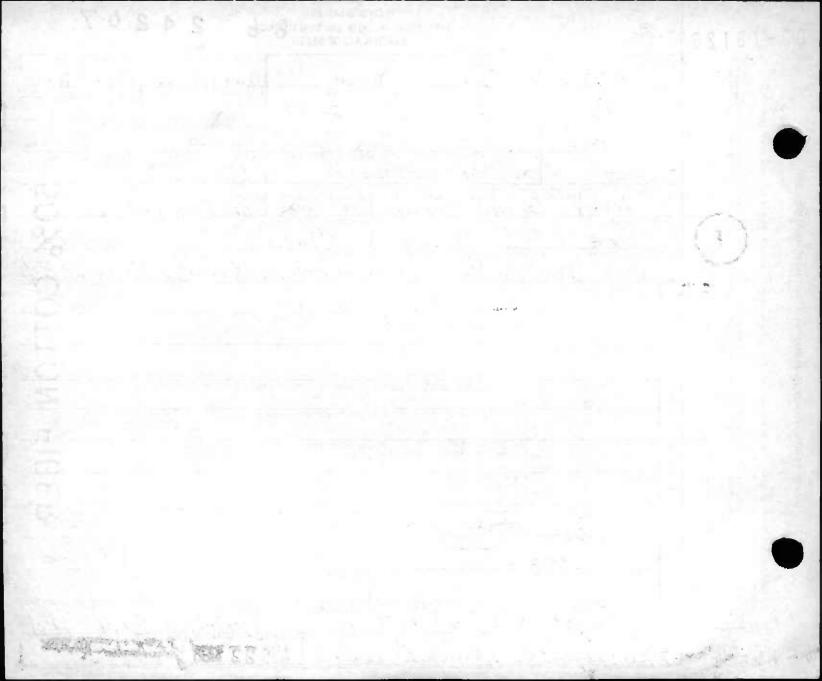
(VRA 15, 4)

FOR - STATE

STATE OF MARYLAND

207

1. DECE (TYPE OR 3. SEX				REG. NO	J.
	EASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
3. SEX	WENDELL	11.	Youna	Quant	20 1986 230
		RACE _ 5. DAT	E OF BIRTH	6. AGE IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 H
	M	R	NTH 20AY YEAR	101	MONTHS DAYS HOURS M
7. RIDT	IMPLACE (STATE OR FOREIGN 76	CITIZENI OF WHAT COUNTRY?	4 2 20	A PALTIMORE CITY O	YRS.
	DUNTRY)	CITIZEN OF WHAT COUNTRY? 8 MAR	RIED NEVER MARRIED	The state of the s	R COUNTY OF DEATH
17	1419		WED DIVORCED	Wicomico	
	//	NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS)	E OR OTHER INSTITUTION	170. USUAL OCCUPATI	
Sal:	isbury / I	(IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) Peninsula General F	bspital	LAbora	
130. ST	ATE 136 COUNTY	ER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE 1/9/2
In CAT	78 G G G G G G G G G G G G G G G G G G G	om. Marion	YES NO NO NA	P,0507	129 81600
PAIR	HER'S NAME	DIE LAST	1 Refi	WIDDLE	1 Minostard
160 W 4	AS DECEASED EVER IN U.S. ARME	FORCES? 166 SOCIAL SECURITY NO	D. 17 INFORMANT	ADDRE	~14119101E
	S, NO OR UNKNOWN) IF YES, GIVE W		u Mit	1/1/2	1. 201. " AM
	YES 1943-	1948 113-18-571	THICEIEF	1 9, 1441	or Murion Mil
1	RAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	ne couse per line for (o), (b), and (c).1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	IMMEDIATE C	/ //	(Encer		2 mo
		DUE TO, OR AS A CONSEQUENCE OF			
	Conditions, if ony, which	(b)			
	gove rise to immediate	(b)			
	couse (o), stoting the ounderlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF			
		(c)			
	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
CERTIFICATION					
A 18	90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
E				YES NO	YES NO
W 7	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YE	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2]
A C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		9		
MEDICAL	71d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION		
	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY STATE
I - F	AT WORK AT WORK				
2	220.1 certify the (1) (this hospital)	A	Jen 19 86	, to	20, 19_86, tho (1) (we)
	sow the deceased of the obove (I)(ew the body ofter death.	, and that in (my) (our) opinion	death occurred d A the do	ote and hour and from the causes stated
	22b. SIGNATURE		DEGREE		22c. DATE SIGNED
2	1/1/10-5	3-5	ATTENDING	MEDICAL STAP	
2	V Jory Co	INT)	22e ADDRESS	DIRECTOR FITTSIC	IAIN
	22d PHYSICIAN'S NAME (THE ORPR		TEC TIEBRESS		
	22d. PHYSICIAN'S NAME (THE OR PR				
	22d PHYSICIAN'S NAME (TWE OR PR				
2 23a. BU	URIAL, CREMATION, REMOVAL	136. DAJE 236. NAME O	F CEMETERY OR CREMATORY	23d LOCATION	T Charles
23a. BU		136. DAJE 186 236 NAME O	7 11	23d. LOCATION	in Som me
23a. BU	URIAL, CREMATION, REMOVAL	136. DAJE 186 236 NAME O	F CEMETERY OR CREMATORY 250. DAT	MALIC	in Som Me



8-12-1986

DHMH - 16 60M 7/84 (VRA 15, 4)

BAKER AND BOUNDS

230 BURIAL CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

SALISBURY, MD

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

Memorial Park Cem. Bethlehem Northampton 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COunds

17s. DATE SIGNE

LIAIS

26 HOUR

12b. KIND OF BUSINESS OR

Tingley

APPROXIMATE INTERVAL

Own Home

0455 M

11986

INDUSTRY

